2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001279

1. Entity Name

SPANISH TRACE OF ORLANDO GP, LLC



Principal Place of Business

1930 STONEGATE DRIVE BIRMINGHAM, AL 35242 Mailing Address

1930 STONEGATE DRIVE BIRMINGHAM, AL 35242

FILED Feb 12, 2008 08:00 AM Secretary of State



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02052008 No Chg-LLC

CR2E083 (12/07)

FEI Number
 NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PANICO, JAMES P 111 SOUTH MAITLAND, STE. 100 MAITLAND, FL 32751 DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and little if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-80018-022 198:75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPANISH TRACE OF ORLANDO, LTD. 1930 STONEGATE DRIVE BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS - CITY-ST-ZIP	
TITLE -NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the eindicated on this report is true and accurate and that my signature shall have the sa	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #