2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# M06000006264

Entity Name: LG-348 ORLANDO FL, LLC

Current Principal Place of Business:

WACHOVIA SERVICE CORPORATION
301 S. COLLEGE ST, NCO174
CHARLOTTEE, NC 282880174

New Principal Place of Business:

Current Mailing Address:

WACHOVIA SERVICE CORPORATION
301 S. COLLEGE ST, NCO174
CHARLOTTEE, NC 282880174

New Mailing Address:

FEI Number: 20-5948535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WACHOVIA SERVICE COR, PORATION
Address: 301 S. COLLEGE ST., NC0174
City-St-Zip: CHARLOTTE, NC 282880174

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: MULLIS, CAROL R
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROL R MULLIS MGRM 05/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date