

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002894

FILED
Jun 23, 2009
Secretary of State

Entity Name: FLORIDA LAND ADVISORS-ORLANDO, L.L.C.

Current Principal Place of Business:

555 WINDERLY PL, STE 300
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

555 WINDERLY PL, STE 300
MAITLAND, FL 32751

New Mailing Address:

4900 N. SCOTTSDALE ROAD
SUITE 3000
SCOTTSDALE, AZ 85251

FEI Number: 26-2758740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: THE LAND ADVISORS ORGANIZATION, L.L.C.
Address: 4900 NORTH SCOTTSDALE ROAD, STE 3000
City-St-Zip: SCOTTSDALE, AZ 85251

Title: MGR () Delete
Name: WHEELER, LEE A
Address: 555 WINDERLY PL, STE 300
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: FLANAGAN, STEPHAN H
Address: 555 WINDERLY PL, STE 300
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: RUOFF, STEVEN C
Address: 555 WINDERLY PL, STE 300
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

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

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

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

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

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: LEE A. WHEELER

MGR

06/23/2009

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