

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M86793

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** ORLANDO INVESTMENT PROPERTIES, INC.

**Current Principal Place of Business:**

390 N.ORANGE AVE.  
SUITE 1400  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

C/O C. DAVID BROWN, II, P.A.  
390 N. ORANGE AVE., SUITE 1400  
ORLANDO, FL 32801 US

**Current Mailing Address:**

390 N.ORANGE AVE.  
SUITE 1400  
ORLANDO, FL 32801 US

**New Mailing Address:**

C/O C. DAVID BROWN, II, P.A.  
390 N. ORANGE AVE., SUITE 1400  
ORLANDO, FL 32801 US

**FEI Number:** 58-1811046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE  
SUITE 1400  
ORLANDO, FL 32801 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

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: BROCK-FORD, HELEN  
Address: 390 NORTH ORANGE AVENUE, SUITE 1400  
City-St-Zip: ORLANDO, FL 32801

Title: DP  
Name: BROWN, II, C DAVID  
Address: 390 N.ORANGE AVE.,SUITE 1400  
City-St-Zip: ORLANDO, FL 32801

Title: DV  
Name: COLLINS, HOLLY  
Address: 390 N ORANGE AVE, SUITE 1400  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C. DAVID BROWN, II

PRES

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date