## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99600001248

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

CRIMSON LION ORLANDO, L.L.C



## FILED Aug 03, 2004 8:00 am Secretary of State

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2. Principal P	lace of Business	3. Mailing Address			1						
c/o Pr	icewaterhouseCoopers	same									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
125 Hi	gh Street										
City & State	e į	City & State			4. FEI Number Applied For						
Boston	ı, MA				04-3478320		Not Applicable				
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired \$5.00 Additional						
02110	U.S				Fee Required						
新新 70 分价 3400		AND ALL STATE			7. Name and Address of Current Re	gistered	Agent				
				Name	an Comigo Commons						
	DO NOT W	RITE			on Service Company						
			n e	1201 Hays	(P.O. Box Number is Not Acceptable) Street						
	IN THIS SP	'AUE'	ing to								
				City Tallahes		FL Zip Code					
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	ions of registered agent.	ir the purpose of changing is	s registere	ed Office of registe	red agent, or both, in the State of Florid	a. i ani ia	miliar with, and accept				
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SIGNATURE .											
	Signature, typed or printed name of registered agent	PRINCIPAL OF ST. E. DECEMBER CO. L. CO.	erweuenen	of analogical values in the No		DATE					
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9.	MANAGING MEMBE	RS/MANAGERS	10.0	X4.1966.50m		Our Seal	NOTES SELECTION SERVICES				
TITLE			28-to ⊃	GREAT FILE			S. S. PERMINANG				
NAME	Jonathan Lavine		NAM			艾茨艾					
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CITY-ST-ZIP	Boston, MA 02110		CITY	ST-ZIP	di Parada da Garagan da Santa da Santa						
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Jord Than S. LAVING MONTAJING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Date Date Day