2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2008
Secretary of State

DOCUMENT# M99000001248

Entity Name: CRIMSON LION ORLANDO, L.L.C.

Current Principal Place of Business:

C/O PRICEWATERHOUSECOOPERS
125 HIGH STREET
BOSTON, MA 02110

New Principal Place of Business:

C/O PAUL MCCOY FAMILY OFFICE SERVICES
31 ST. JAMES AVENUE, SUITE 740
BOSTON, MA 02116

Current Mailing Address:

C/O PRICEWATERHOUSECOOPERS
125 HIGH STREET
BOSTON, MA 02110

New Mailing Address:

C/O PAUL MCCOY FAMILY OFFICE SERVICES
31 ST. JAMES AVENUE, SUITE 740
BOSTON, MA 02116

FEI Number: 04-3478320 **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 32301 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: LAVINE, JONATHAN
Address: 125 HIGH STREET
City-St-Zip: BOSTON, MA 02110

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LAVINE, JONATHAN
Address: 31 ST. JAMES AVENUE, SUITE 740
City-St-Zip: BOSTON, MA 02116

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: JACQUELINE MCCOY CPA 08/12/2008

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