

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001979

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: FOA 1000 NORTH ORLANDO LLC

**Current Principal Place of Business:**

165 SOUTH UNION BLVD., STE. 510  
LAKEWOOD, CO 80228

**New Principal Place of Business:**

**Current Mailing Address:**

165 SOUTH UNION BLVD., STE. 510  
LAKEWOOD, CO 80228

**New Mailing Address:**

FEI Number: 52-2204940

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/MEMBERS:**

Title: MGR ( ) Delete  
Name: ALLIANCE COMMERCIAL, PARTNERS, LLC  
Address: 165 SOUTH UNION BLVD., STE. 510  
City-St-Zip: LAKEWOOD, CO 80228

Title: MGRM ( ) Delete  
Name: MCCORMICK, DOUGLAS  
Address: 165 SOUTH UNION BLVD., STE. 510  
City-St-Zip: LAKEWOOD, CO 80228

**ADDITIONS/CHANGES:**

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 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 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: DOUGLAS MCCORMICK

MGRM

01/07/2005

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