Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Travis Kolbjornsen P.O. Box 10000 Lake Buena Vista, FL 32830-1000

DOC# 20150520749 B: 10993 P: 6044 10/06/2015 12:43:45 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

	te of Florida, County of Orange	made to partain real property, and in accordance with			
	e undersigned hereby gives notice that improvement will be n apter 713, Florida Statues, the following information is provid	· · ·			
1.	Description of property (legal description of the property				
١.	See attached	y, and street address if available)			
2.	General description of improvement General Construction				
3.	Owner information or Lessee information if the Lessee	contracted for the improvement			
	Name Walt Disney World Resort	·			
	Address P.O. Box 10000, Lake Buena Vista, FL 32830				
	Interest in Property Owner				
	Name and address of fee simple titleholder (if differen	nt from Owner listed above)			
	Name				
	Address				
4.	Contractor				
	Name Barton Malow Company	Telephone Number 248-648-7797			
_	Address 26500 American Drive, Southfield, MI 48034				
5.	Surety (if applicable, a copy of the payment bond is attached	,			
	Name	A			
6	Address	Amount of Bond \$			
υ.		Telephone Number			
	Name	Telephone Number			
7	Persons within the State of Florida designated by Owne	er upon whom notices or other documents may be			
•	served as provided by Section 713.13(1)(b), Florida Stat				
		Telephone Number (407) 939-4631			
	Address P.O. Box 10000, Lake Buena Vista, Florida 3283				
8.	In addition to himself or herself, Owner designates the				
	provided by Section 713.13(1)(b), Florida Statutes.				
	Name Travis Kolbjornsen	Telephone Number 407-939-4782			
	Address P.O. Box 10000, Lake Buena Vista, Florida 3283				
9.	Expiration date of notice of commencement (the expiration				
	and final payment to the contractor, but will be 1 year from t				
	10/31/20				
COI PAY THE	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER ISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE.	CTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR OF COMMENCEMENT MUST BE RECORDED AND POSTED ON OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ICE OF COMMENCEMENT.			
Un sta	der penalty of perjury, I declare that I have read the foregoted in it are true to the best of my knowledge and belief.	·			
ß	Chard alwards Richard	d A Combe So Planner JF. A.M			
Le	Signature of Owner or Lessee, or Owner's or see's Authorized Officer/Director/Partner/Manager	Signatory's Printed Name/Title/Office Hay of Hand Start Ward Woods			
The	e foregoing instrument was acknowledged before me this	day of MS, by Kickera Wood S			
as	Authorized Signatory for	for Walt Disney World Resort			
	Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed			
	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public			
F	ersonally Known OR Produced ID	Notary Public State of Florida Kelly L Nobles My Commission EE 220221			
7	ype of ID Produced	Expires 07/29/2016			



LAND DESCRIPTION: TRAILER INSTALLATION

A parcel of land lying in Section 30, Township 24 South, Range 28 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Northwest corner of said Section 30, run along the West line of the Northwest 1/4 of said Section 30, S 00°01'40" W, 447.63 feet; thence N 90°00'00" E, 742.72 feet to the Point of Beginning, thence N 90°00'00" E, 163.66 feet; thence S 00°00'00" E, 205.75 feet; thence N 90°00'00" W, 163.66 feet; thence N 00°00'00" E, 205.75 feet; to the Point of Beginning, containing 33672 square feet, more or less.

 $\square P. O. B.$

※ P.O.C.

NORTHWEST CORNER, SEC 30, TWN 24 S, RNG 28 E

_S 00°01'40" W 447.63'
West line of the Northwest 1/4
of Section 30-24-28

N 90'00'00" E 742.72'

N 90°00'00" E 163.66'

Surveyor's Note

ABBREVIATIONS
R=RADIUS
L=LENGTH
△=DELTA
TB=TANGENT BEARING
SEC=SECTION
TWN=TOWNSHIP
RNG=RANGE
POB=POINT OF BEGINNING
POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE
CHAPTER 5J-17, FLORIDA
ADMINISTRATIVE CODE REQUIRES
THE FOLLOWING STATEMENT.
"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE W. LINE, NW 1/4, SEC. 30-24-28
AS BEING S 00°01'40" W



SURVEYING AND MAPPING DEPARTMENT P.O.B. 10000 LAKE BUENA WISTA FL. 32830-1000 PHONE (407)560-7118 FAX (407)560-7869

1	FILING AREA EPCOT RESORTS — YACHT AND BEACH CLUB	DATE: 10/5/15
T		scale 1"=50'
8	SKFTCH OF DESCRIPTION	DRAWN BY: AK
٥	COMMENTS NOTICE OF COMMENCEMENT	FILENAME: 13ak15173

Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Travis Kolbjornsen

P.O. Box 10000

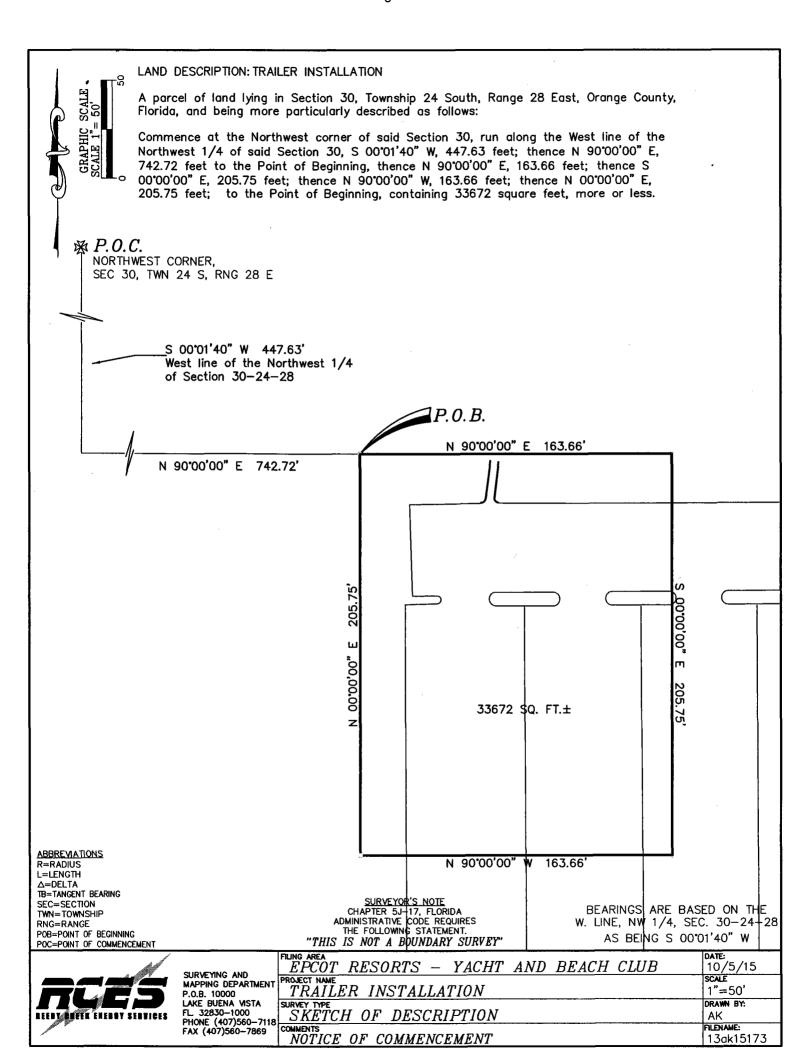
Lake Buena Vista, FL 32830-1000

DOC# 20150520750 B: 10993 P: 6046 10/06/2015 12:43:45 PM Page 1 of 2 Rec Fee: \$18.50 Martha 0. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

	te of Florida, County of Orange	and the second second	
	undersigned hereby gives notice that improvement will be made to certain		
Chapter 713, Florida Statues, the following information is provided in this Notice of Commencement.			
1.	 Description of property (legal description of the property, and street address if available) See Attached 		
2	General description of improvement		
	General Construction		
3.	Owner information or Lessee information if the Lessee contracted for	r the improvement	
	Name Walt Disney World Resort		
	Address P.O. Box 10000, Lake Buena Vista, FL 32830		
	Interest in Property Owner		
	Name and address of fee simple titleholder (if different from Owner	listed above)	
	Name		
	Address		
4.	Contractor		
	Name BRASFIELD & GORRIE LLC	Telephone Number (407) 562-4500	
	Address 941 WEST MORSE BLVD., ORLANDO, FL 32789-3733		
5.	Surety (if applicable, a copy of the payment bond is attached)		
	Name	Telephone Number	
	Address	Amount of Bond \$	
6.	Lender	- -	
	Name	Telephone Number	
	Address		
7.	Persons within the State of Florida designated by Owner upon whom	notices or other documents may be	
	served as provided by Section 713.13(1)(b), Florida Statutes.		
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631	
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000		
8.	In addition to himself or herself, Owner designates the following to re	eceive a copy of the Lienor's Notice as	
	provided by Section 713.13(1)(b), Florida Statutes.		
	Name Travis Kolbjornsen	Telephone Number 407-939-4782	
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000		
9.	Expiration date of notice of commencement (the expiration date may	•	
	and final payment to the contractor, but will be 1 year from the date of reco	ording unless a different date is specified)	
	10/31/2016		
	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION		
	NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FL ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEI		
	JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCE		
AII	ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMEN	JEMEN I.	
Un	der penalty of perjury, I declare that I have read the foregoing notice o	f commencement and that the facts	
sta	ted in it are true to the best of my knowledge and belief.		
	- 41		
	Buter Strongs Richard Alvo	ads So Plesoner F.A.M.	
P	Signature of Owner or Lessee, or Owner's or Signature	Printed Name/Title/Office ATMINS by Richard Woods	
Les	ssee's Authorized Officer/Director/Partner/Manager	A/	
Ψ.	70	About the like	
ine	e foregoing instrument was acknowledged before me this day of	month/year	
		month/year	
as	Authorized Signatory for	Walt Disney World Resort	
	Type of authority, e.g., officer, trustee, attorney in fact Name of party	on behalf of whom instrument was executed	
	.)		
_			
	Signature of Notary Public - State of Florida Print, ty	pe, or stamp name of Notary Public	
	Source State Community of the Community	COMP PCG. Notary Public State of Florida	
F	Personally Known OR Produced ID	Kelly L Nobles	
т	ype of ID Produced	My Commission EE 220221	
'	/r	Por sto Expires 07/29/2016	



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Jennifer Giambrone P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150520751 B: 10993 P: 6048 10/06/2015 12:43:45 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



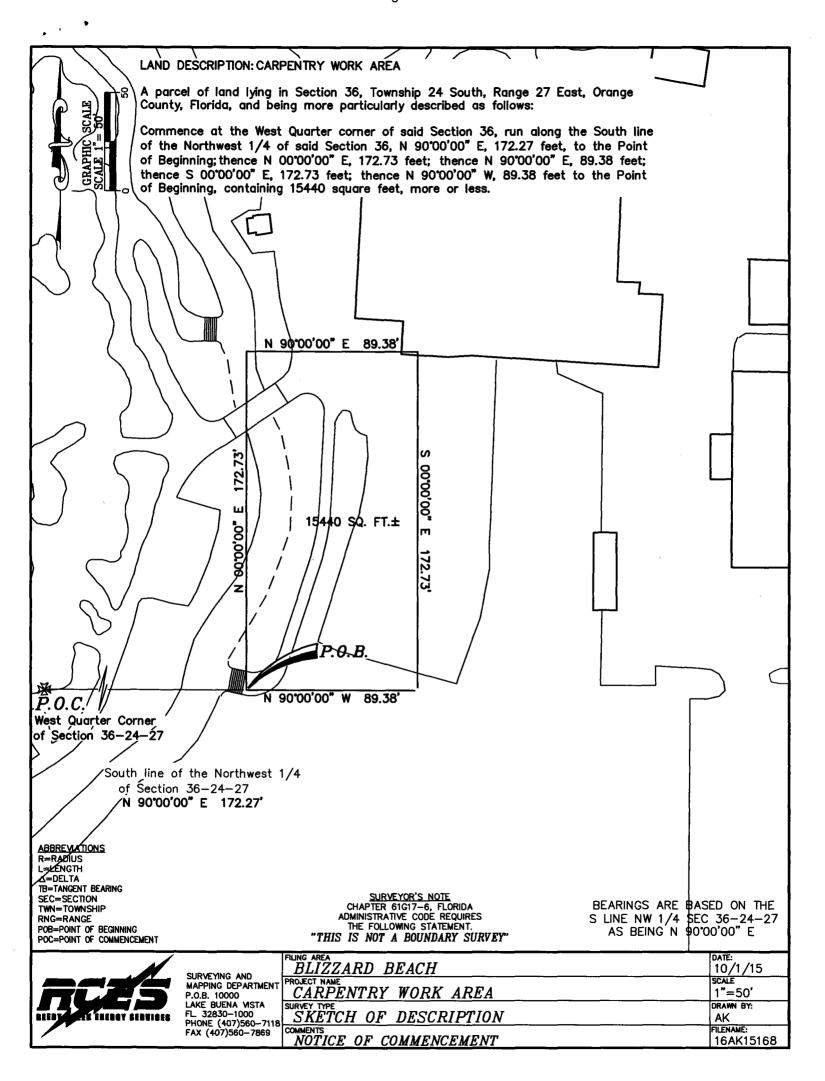
NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance v	vith
Chapter 713. Florida Statues, the following information is provided in this Notice of Commencement	

1. Description of property (legal description of the property, and street address if available)

3	ee Attached	
G	eneral description of improvement	
_	eneral Construction	
	wner information or Lessee information if the Lessee contracte	d for the improvement
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different from Ow	ner listed above)
	Name	
	Address	
_	ontractor	
	Name MLC THEMING INC	Telephone Number 407-812-6616
	Address 2700 Bonnet Creek Road, Lake Buena Vista, FL 32830	
	urety (if applicable, a copy of the payment bond is attached)	
	Name	Telephone Number
	Address	Amount of Bond \$
	ender	
	Name	Telephone Number
	Address	
	ersons within the State of Florida designated by Owner upon w	hom notices or other documents may be
	erved as provided by Section 713.13(1)(b), Florida Statutes.	
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
	addition to himself or herself, Owner designates the following	to receive a copy of the Lienor's Notice as
	rovided by Section 713.13(1)(b), Florida Statutes.	
	Name Jennifer Giambrone	Telephone Number (407)560-1711
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
	xpiration date of notice of commencement (the expiration date r	· · ·
aı	nd final payment to the contractor, but will be 1 year from the date of	recording unless a different date is specified)
	12/31/2015	
NSI YING E JO	NG TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIR DERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.1 3 TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMME OB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FIN INEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMI	3, FLORIDA STATUTES, AND CAN RESULT IN YOUR NCEMENT MUST BE RECORDED AND POSTED ON VANCING, CONSULT WITH YOUR LENDER OR AN
U	r penalty of perjury, I declare that I have read the foregoing notice in it are true to the best of my knowledge and belief. January of Owner of Tessee, or Owner's or Signal	tory's Printed Name/Title/Office
sse	e's Authorized Office //Director/Partner/Manager	As 245 1 (
e fo	pregoing instrument was acknowledged before me this day	y of 1015, by 1500 Fee Tide 1016 month/year
	Authorized Signatory for	Walt Disney World Resort
		party on behalf of whom instrument was executed
	, , , , , , , , , , , , , , , , , , ,	
	Signature Notary Public - State of Florida Pri	int, type, or stamp name of Notary Public
'ers	onally Known OR Produced ID	Notary Public State of Florida
ӯр€	e of ID Produced	Kelly L Nobles My Commission EE 220221 Expires 07/29/2016



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Jennifer Giambrone P.O. Box 10000 Lake Buena Vista, FL 32830-1000

DOC# 20150520752 B: 10993 P: 6050 10/06/2015 12:43:45 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

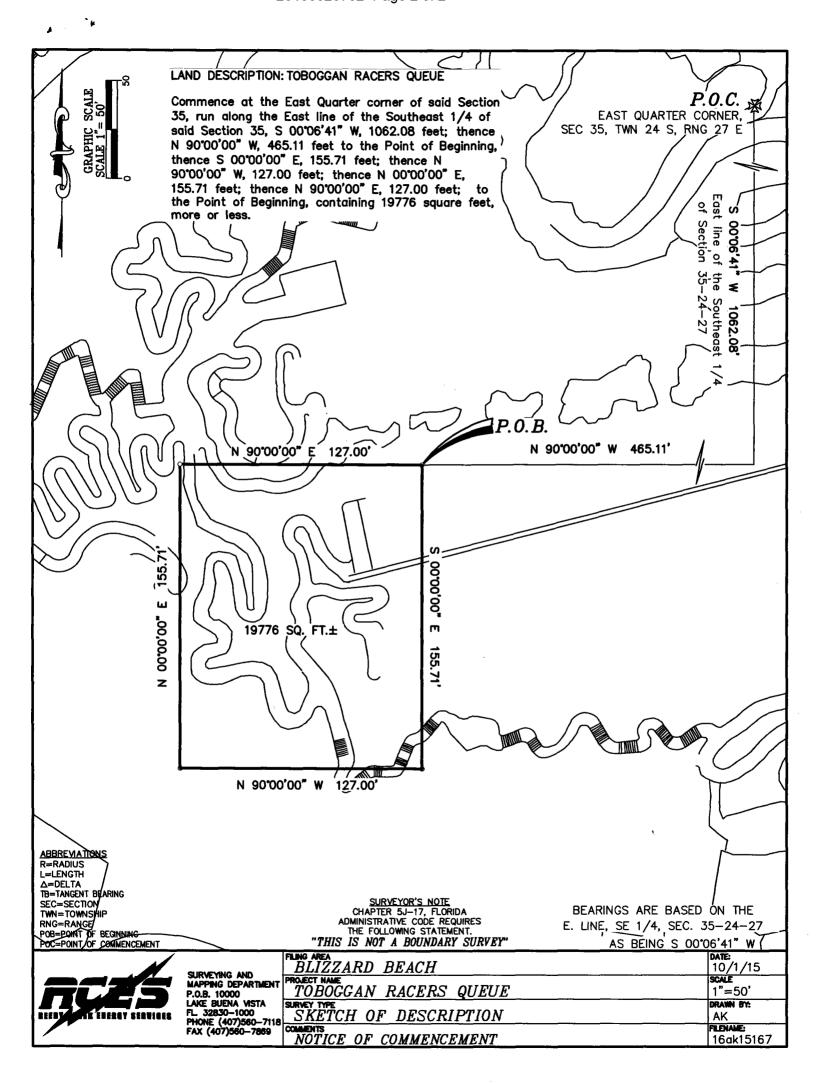
	te of Florida, County of Orange		
	e undersigned hereby gives notice that improvement will be made to certain		
	apter 713, Florida Statues, the following information is provided in this Notice		
1.	. Description of property (legal description of the property, and street address if available) See Attached		
2.	General description of improvement		
	General Construction		
3.	Owner information or Lessee information if the Lessee contracted fo	r the improvement	
	Name Walt Disney World Resort		
	Address P.O. Box 10000, Lake Buena Vista, FL 32830		
	Interest in Property Owner		
	Name and address of fee simple titleholder (if different from Owner Name	•	
	Address		
4.	Contractor		
	Name Faden Builders	Telephone Number 352-735-9805	
	Address 736 S Rossiter St, Mt Dora, FL 32757		
5.	Surety (if applicable, a copy of the payment bond is attached)	· · · · · · · · · · · · · · · · · · ·	
-	Name	Telephone Number	
	Address	Amount of Bond \$	
6.	Lender		
	Nama	Telephone Number	
	Address		
7.	Persons within the State of Florida designated by Owner upon whom	notices or other documents may be	
•	served as provided by Section 713.13(1)(b). Florida Statutes.	Thomas of Saler assuments may be	
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631	
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000		
8.	In addition to himself or herself, Owner designates the following to re	eceive a copy of the Lienor's Notice as	
	provided by Section 713.13(1)(b), Florida Statutes.		
	Name Jennifer Giambrone	Telephone Number (407)560-1711	
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000		
9.	Expiration date of notice of commencement (the expiration date may	not be before the completion of construction	
	and final payment to the contractor, but will be 1 year from the date of reco	•	
	12/31/2015	3	
COI PAY THE	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION INSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCY ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCIONS.	ORIDA STATUTES, AND CAN RESULT IN YOUR MENT MUST BE RECORDED AND POSTED ON CING, CONSULT WITH YOUR LENDER OR AN	
	der penalty of perjury, I declare that I have read the foregoing notice o ted in it are true to the best of my knowledge and belief.	f commencement and that the facts	
af	MUM Grandon Janifer Gi	ambrone / Planner/FAM	
1/2	Signature of Owner of Lessee, or Owner's or Signatory's see's Autogrized Officer/Director/Partner/Manager	s Printed Name/Title/Offide	
/	e foregoing instrument was acknowledged before me this day of	Det. 2015, by Jenniter (Time bron &	
as	Authorized Signatory for	month/year Walt Disney World Resort	
		y on behalf of whom instrument was executed	
-	Signature of Notary Public - State of Florida Print, ty	rpe, or stamp name of Notary Public	
F	Personally Known OR Produced ID	V Pre Notery Public State of Florida	

Notary Public State of Florida Kelly L Nobles
My Commission EE 220221

Expires 07/29/2016

X OR Produced ID

Type of ID Produced



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Andy George

P.O. Box 10000 Lake Buena Vista, FL 32830-1000

Personally Known

Type of ID Produced

DOC# 20150520753 B: 10993 P: 6052 10/06/2015 12:43:45 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

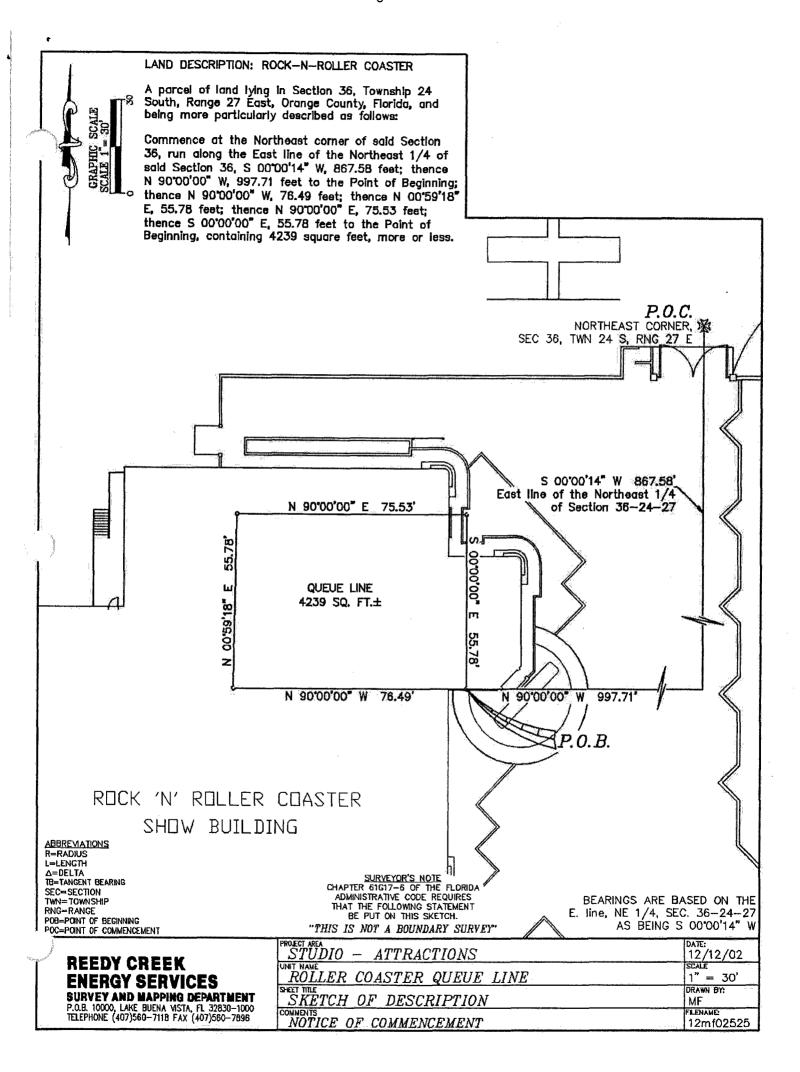


Notary Public State of Florida

My Commission EE 220221 Expires 07/29/2016

Kelly L Nobles

	NOTICE OF COMMENCE	MENT
Sta	ate of Florida, County of Orange	
	. ,	contain and property and in accordance with
	e undersigned hereby gives notice that improvement will be made to	
	napter 713, Florida Statues, the following information is provided in this	
١.	Description of property (legal description of the property, and st	reet address if available)
_	see attached	
2.	General description of improvement	•
2	general construction	
3.		cted for the improvement
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different from C	Owner listed above)
	Name	
	Address	
4.	Contractor	
	Name Maddox Electric Co Inc DBA ERMCO of	Telephone Number (407) 934-8084
	Address P.O. Box 22164, Lake Buena Vista , FL 32830	
5.	Surety (if applicable, a copy of the payment bond is attached)	
	Name	Telephone Number
	Address	Amount of Bond \$
6.	Lender	
	Name	Telephone Number
	Address	
7.	Persons within the State of Florida designated by Owner upon	whom notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida Statutes.	
	Name Judy Wells, Facility Asset Management (FAM)	Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
8.	In addition to himself or herself, Owner designates the following	g to receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	
	Name Andy George	Telephone Number (407)934-6648
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	1000 000000000000000000000000000000000
9.	Expiration date of notice of commencement (the expiration date	e may not be before the completion of construction
	and final payment to the contractor, but will be 1 year from the date	
COP PAY THE ATT	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXF NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 71: ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COME JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF CO	3.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR WENCEMENT MUST BE RECORDED AND POSTED ON FINANCING, CONSULT WITH YOUR LENDER OR AN MMENCEMENT.
Jn: sta	der penalty of perjury, I declare that I have read the foregoing no led in it are true to the best of my knowledge and belief.	otice of commencement and that the facts
	May A.	Teorge (PMA/FAM
	see's Authorized Officer/birector/Padner/Manager	malory's Printed Name/Tille/Office
	. To regoing insulatives was acknowledged before the this	month/year
s.	Authorized Signatory for	Walt Disney World Resort
	Type of authority, e.g., officer, trustee, attorney in fact Name	of party on behalf of whom instrument was executed
****	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public



DOC # 20150522487 B: 10994 P: 1192

10/07/2015 08:47 AM Page 1 of 1

Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

Orange County, FL Ret To: SIMPLIFILE LC

Permit Number:	
Folio/Parcel Identification Number:	
Prepared by: Maria McCabe	·
Buena Vista Construction Company	
Return to: P.O. Box 10000, Lake Bue	na Vista, FL 32830

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713. Florida Statutes, the following information is provided in this Notice of Commencement.

Description of property (legal description of the property, and street address if available)
 AK AK Kalil Canyon Wall Support, 750 Werikhe Way JFAK6001
 General description of improvement
 Provide labor, material and/or electrical for construction

 Owner information or Lessee information if the Lessee contracted for the improvement Name Walt Disney World Resort Address P.O. Box 10000, Lake Buena Vista, FL 32830

Interest in Property

Name and address of fee simple titleholder (if different from Owner listed above)

Name______Address

4. Contractor
Name Buena Vista Construction Company
Address P.O. Box 10000, Lake Buena Vista, FL 32830
Telephone Number 407-934-6070

5. Surety (if applicable, a copy of the payment bond is attached)

Name

Address

Amount of Bond \$

6. Lender
Name_______Telephone Number______
Address

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.

Name Dave Ellis, Mgr, Sourcing & Procurement

Address P.O. Box 10000, Lake Buena Vista, FL 32830

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.

Name Paul Mahood, Construction Manager

Telephone Number 407-934-6070

Name Paul Mahood, Construction Manager Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, Florida 32830

 Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in Irare true to the best of my knowledge and belief.

		Director
Signature of Owner or Lessee, at Owner	s or Lessee's Authorized Officer/Director/Partner/Manager	Signatory's Title/Office

The foregoing instrument was acknowledged before me this 02 day of Oct15 by Tom Troffer

as Director for Buena Vista Construction Company

Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

nnn-Min Maria McCabe

Signature of Notary Public - State of Florida Print, Type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID Notary Public State of Florida Maria McCabe
Type of ID Produced My Commission FF 082922

	DOC # 20150522506 B: 10994 P: 1219 10/07/2015 08:48 AM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00
Permit Number:Folio/Parcel Identification Number:	
	Intangible Tax: \$0.00 Martha O. Haynie, Comptroller
Prepared by: Maria McCabe Buena Vista Construction Company	Orange County, FL
	Ret To: SIMPLIFILE LC
Return to: P.O. Box 10000, Lake Buena Vista, FL 32830	
NOTICE OF COMMEN	NCEMENT
State of Florida, County of Orange The undersigned hereby gives notice that improvement will be m	nade to certain real property, and in accordance
with Chapter 713, Florida Statutes, the following information is p	rovided in this Notice of Commencement.
 Description of property (legal description of the property, ar HS - Idol Facility Rehab, 245 Cypress Dr. Bay Lake FL 3283 	nd street address if available)
2. General description of improvement	
Provide labor, material and/or electrical for construction 3. Owner information or Lessee Information if the Lessee co	ontracted for the improvement
3.0.0 14.00033	
Address P.O. Box 10000, Lake Buena Vista, FL 32830	
Interest in Property	O l'idadahara
Name and address of fee simple titleholder (if different fro	om Owner listed above)
NameAddress	
4. Contractor	
Name Buena Vista Construction Company	Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, FL 32830	n
 Surety (if applicable, a copy of the payment bond is attached 	· · · · · · · · · · · · · · · · · · ·
NameAddress	Amount of Bond \$
6. Lender	
Name	Telephone Number
Address	997822222222
7. Persons within the State of Florida designated by Owner be served as provided by §713.13(1)(a)7, Florida Statutes	
Name Dave Ellis, Mgr. Sourging & Procurement	Telephone Number 407-828-3582
Name Dave Ellis, Mgr. Sourcing & Procurement Address P.O. Box 10000, Lake Buena Vista, FL 32830	
8. In addition to himself or herself, Owner designates the f	ollowing to receive a copy of the Lienor's
Notice as provided in §713.13(1)(b), Florida Statutes.	Talanhann Number 407 034 6070
Name Doug Scharfenberg, Construction Manager Address P.O. Box 10000, Lake Buena Vista, Florida 32830	Telephone Number 407-934-6070
Expiration date of notice of commencement (the expiration	on date may not be before the completion of
construction and final payment to the contractor, but will be	1 year from the date of recording unless a
different date is specified)	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OF THE PROPERTY OF THE PR	, SECTION 713.13, FLORIDA STATUTES, AND CAN ERTY. A NOTICE OF COMMENCEMENT MUST BE ETION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT
Under penalty of perjury, I declare that I have read the foreg	
77777	
	Director Sizetania Ella/Office
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Direct	or/Partner/Manager Signatory's Title/Office
The foregoing instrument was acknowledged before me this <u>02</u>	_ day of Oct 15 by Tom Troffer
	iena Vista Construction Company
	lame of party on behalf of whom instrument was executed
	aria McCabe
	Print, type, or stamp commissioned name of Notary Public
	ublic State of Florida
Time of ID Description A ON Produced ID Maria M	lcCabe 🐔
	mission FF 082922

Pel Fol	DOC# 20150525090 B: 10994 P: 8726 10/08/2015 10:54:13 AM Page 1 of 1 Rec Fee: \$10.00
Pre	Orange County, FL MB - Ret To: INTEGRATED FIRE AND SAFET
Re	eturn to:
The	NOTICE OF COMMENCEMENT rate of Florida, County of Orange the undersigned hereby gives notice that improvement will be made to certain real property, and in accordance the Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.
	Description of property (legal description of the property, and street address if available) 505 Rainforest Road, Bay Lake
	General description of Improvement Fire Sprinkler piping tie in
3.	Owner information or Lessee information if the Lessee contracted for the improvement Name Walt Disney Parks and Resorts US, INC
	Address PO Box 10000, Lake Buena Vista, FL. 32830
	Name and address of fee simple titleholder (if different from Owner listed above) Name
4.	AddressContractor
	Name Intergrated Fire and Safety Services Telephone Number 3217831040 Address 1730 Diplomacy Row #B, Orlando Fl 32809
5.	Surety (if applicable, a copy of the payment bond is attached)
	Name Telephone Number Address Amount of Bond \$
6,	Lender
	NameTelephone Number Address
7.	Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.
	Address
8.	In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes. Name Telephone Number
	Address
9.	Expiration date of notice of commencement (the expiration date will be 1 year from the date of recording unless a different date is specified)
CO ULT ORE	NG TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN TIN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE IDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT OUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. FOR Landry'S Inc. Regional Vice President
alure	re of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office
	regoing instrument was acknowledged before me this 1 day of Oct 15 by Jessica mendoza name of person
(Type of authority, e.g., officer, trustee, attorney in fact Name patron behalf strate patron behalf strate
	presonally Known V OR Produced ID

Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Anne Buchele P.O. Box 10000

Type of ID Produced

Lake Buena Vista, FL 32830-1000

DOC# 20150525594 B: 10995 P: 0249 10/08/2015 12:07:20 PM Page 1 of 6 Rec Fee: \$52.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT

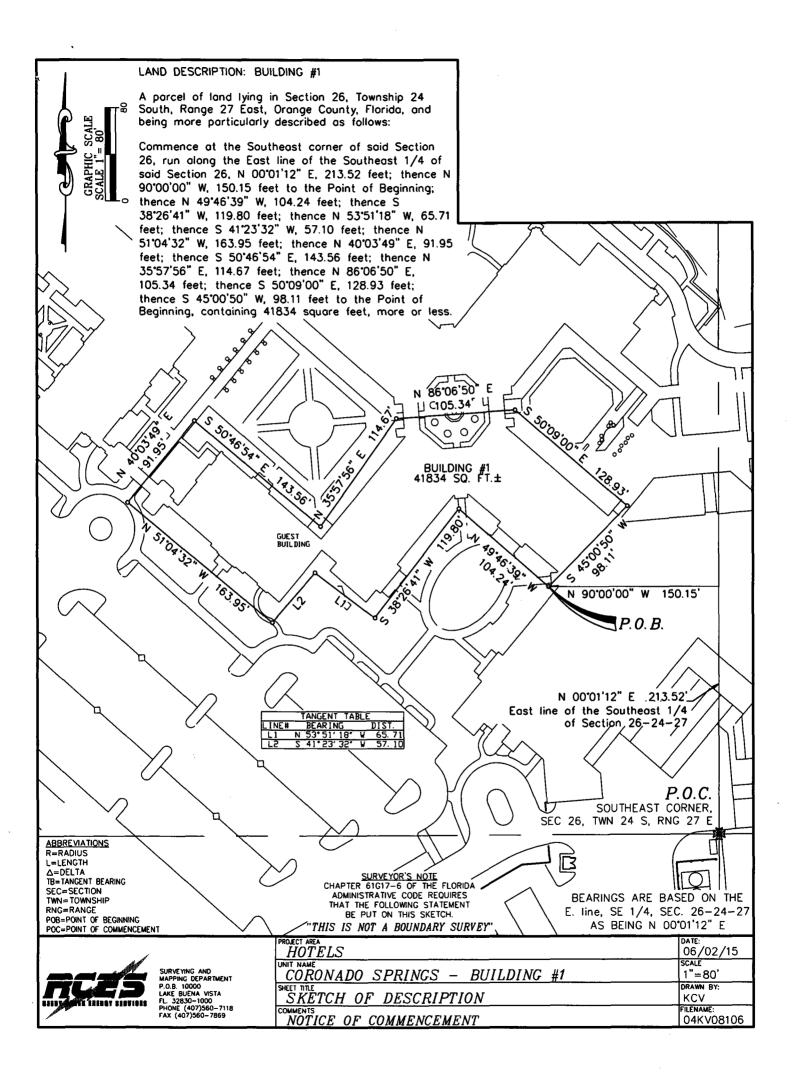


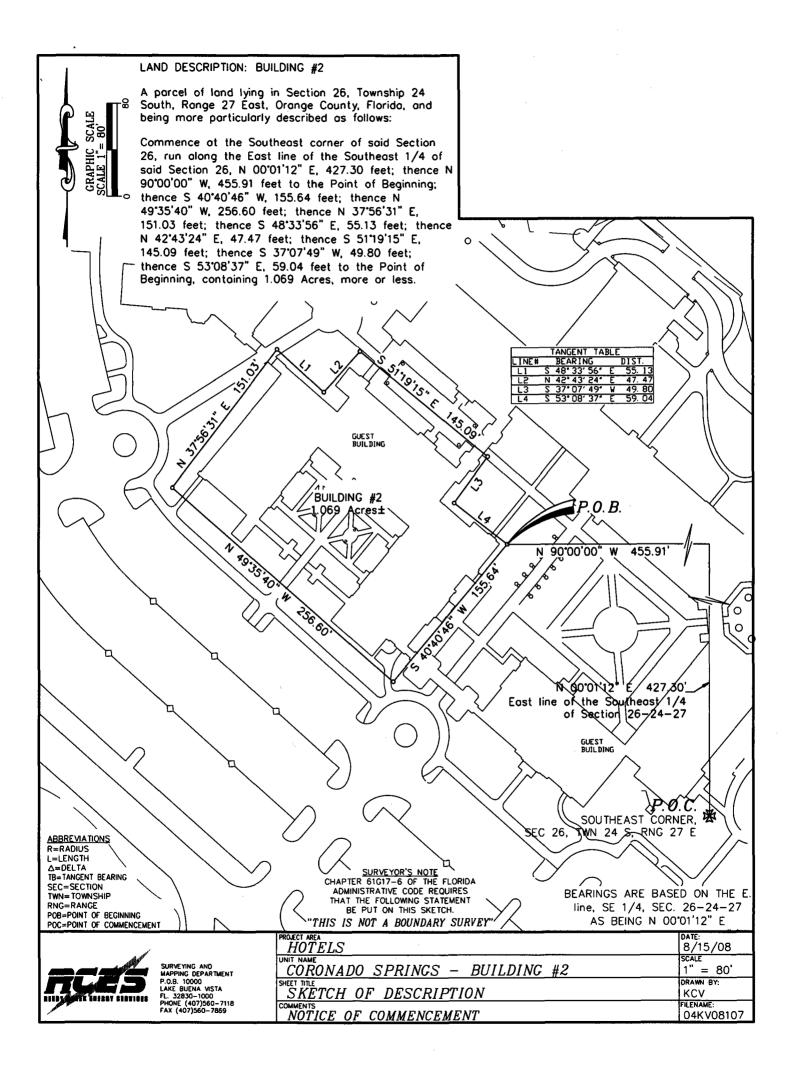
Notary Public State of Florida

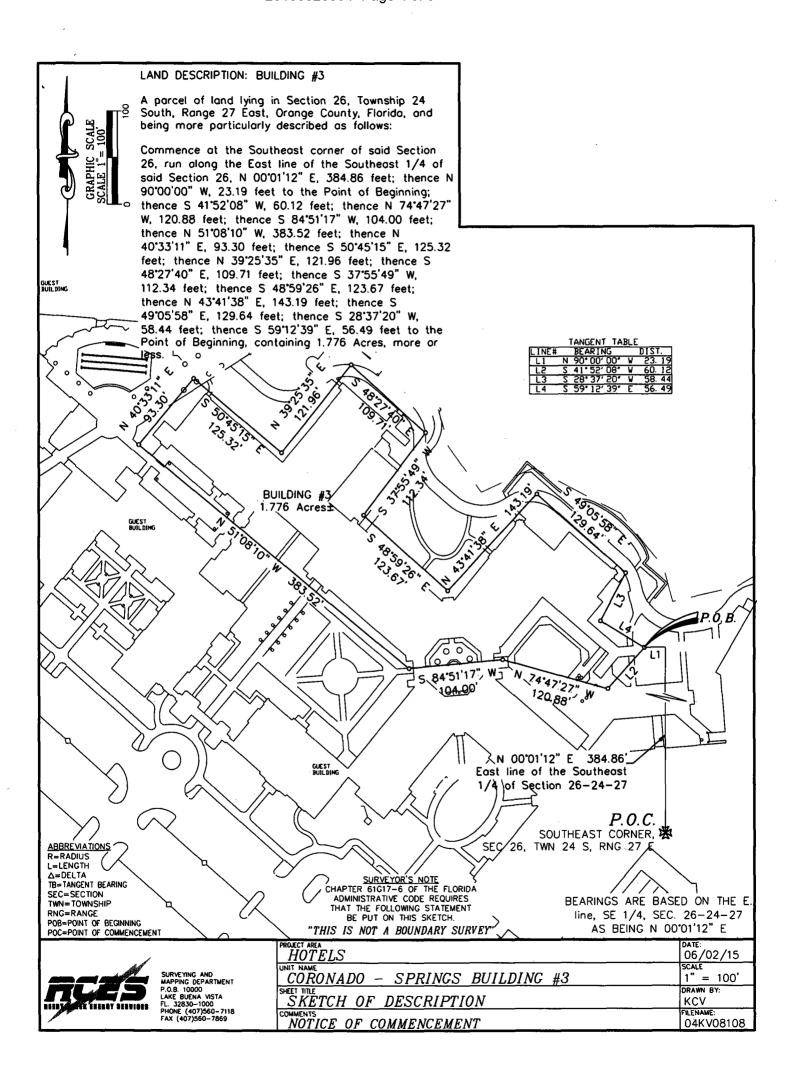
Bonnie L Craig My Commission FF 112965 Expires 04/22/2018

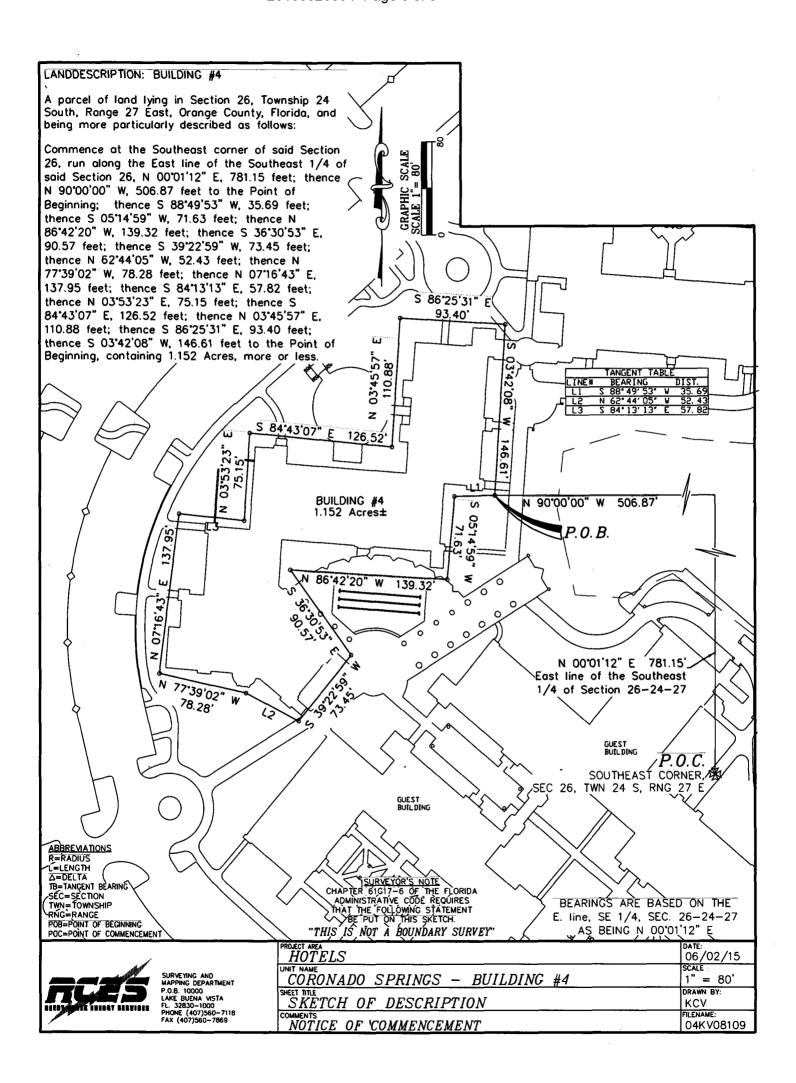
NOTICE OF COMMENCEMENT

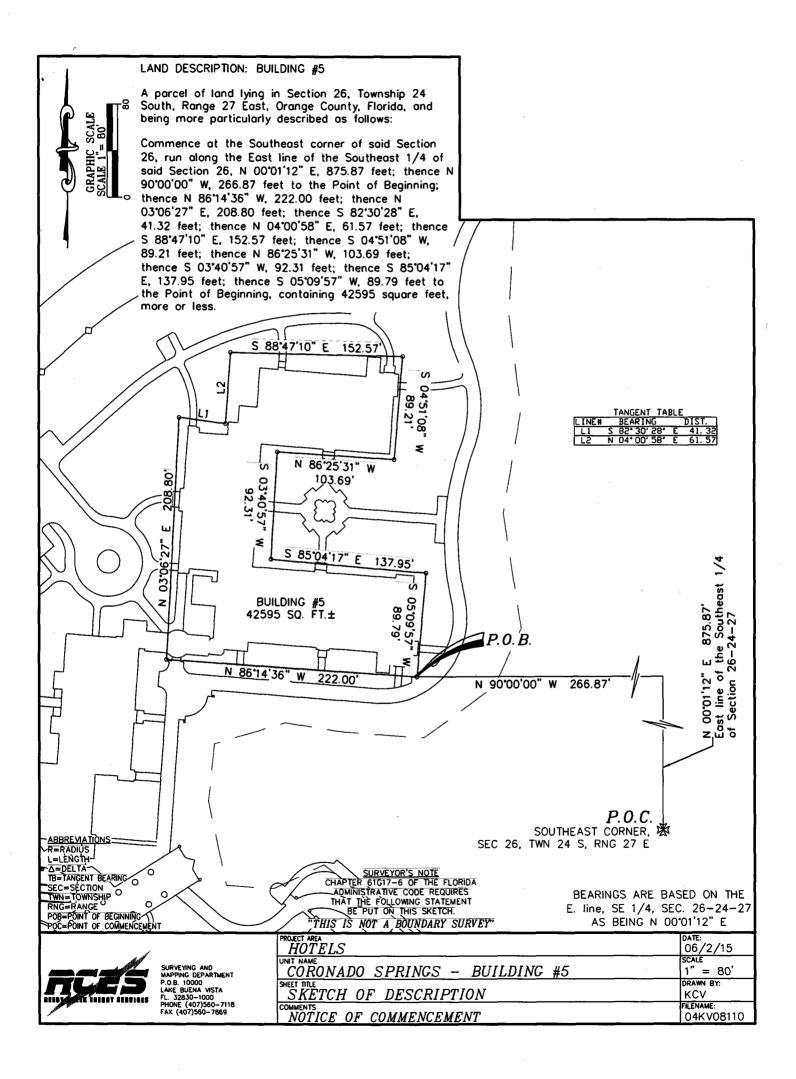
	NOTI	JE OF COMMENT	TO LINE IT
	te of Florida, County of Orange		
			le to certain real property, and in accordance with
Cha	apter 713, Florida Statues, the following inform	nation is provided in	in this Notice of Commencement.
1.	Description of property (legal description of the property, and street address if available)		
	See Attached		
2.	General description of improvement		
	Roofing		
3.	Owner information or Lessee information	if the Lessee cont	ntracted for the improvement
	Name Walt Disney World Resort		
	Address P.O. Box 10000, Lake Buena Vist	a, FL 32830	
	Interest in Property Owner		
	Name and address of fee simple titlehold	der (if different from	rom Owner listed above)
	Name		
	Address		
4.	Contractor		
	Name Shield Coatings & Weatherproofing		Telephone Number (407) 827-4348
	Address P.O Box 22582, Lake Buena Vista	a , FL 32830	
5.	Surety (if applicable, a copy of the payment	bond is attached)	
	Name		Telephone Number
	Address		Amount of Bond \$
6.	Lender		
	Name		Telephone Number
	Address		
7.	Persons within the State of Florida design	ated by Owner up	pon whom notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida Statutes	es.
	Name Judy Wells, Facility Asset Manager	ment (FAM)	Telephone Number (407) 939-4631
	Address P.O. Box 10000, Lake Buena Vist	ta, Florida 32830-10	1000
8.	In addition to himself or herself, Owner de	esignates the follo	lowing to receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida S	Statutes.	
	Name Anne Buchele		Telephone Number 407-828-2165
	Address P.O. Box 10000, Lake Buena Vist	ta, Florida 32830-10	1000
9.	Expiration date of notice of commenceme	nt (the expiration	n date may not be before the completion of construction
	and final payment to the contractor, but will b	e 1 year from the da	date of recording unless a different date is specified)
		06/03/2016	· •
CO! PAY THE	ISIDERED IMPROPER PAYMENTS UNDER CHAPTER ING TWICE FOR IMPROVEMENTS TO YOUR PROPE	R 713, PART I, SECTION ERTY. A NOTICE OF C YOU INTEND TO OBTA	IE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE ON 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON ITAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OF COMMENCEMENT.
	der penalty of perjury, I declare that I have ted in it are true to the best of my knowled		ng notice of commencement and that the facts
	Je am Dure	ANNE T	EM BUCHELE
Les	Signature of Owner or Lessee, or Owner's or see's Authorized Officer/Director/Partner/Manager		Signatory's Printed Name/Title/Office
The	e foregoing instrument was acknowledged before	ore me this	day of Oct 2015 by Anne EM Bucke
as	Authorized Signatory	for	Walt Disney World Resort
~~ .	Type of authority, e.g., officer, trustee, attorney in		Name of party on behalf of whom instrument was executed
(Bonnie Of Craig		*************************************











Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: James Ruse P.O. Box 10000 Lake Buena Vista, FL 32830-1000

Document Number: 20140278430

T DISNEY WORLD RESORT

Book Number: 10754 Page Number: 7726

AMENDMENT TO NOTICE OF COMMENCEMENT

	e of Florida, County of Orange	
	undersigned hereby gives notice that improvement will be made to	, , -
Chap	oter 713, Florida Statues, the following information is provided in t	his Notice of Commencement.
	Description of property (legal description of the property, and a As per attached	street address if available)
<u>2,</u> (Seneral description of improvement	
-	TTC Monorail Platform Enhancements	
. (Owner information or Lessee information if the Lessee contra	acted for the improvement
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different from	Owner listed above)
	Name	
	Address	
. (Contractor	
•		Telephone Number (407) 647-2334
	Name Vanson Enterprises Inc Address 1231 Kindel Avenue, Winter Park , FL 32789	
i. (Surety (if applicable, a copy of the payment bond is attached)	
•	Name	Telephone Number
		Amount of Bond \$
i. 1	Accoress	, mostil of solid 4
		Telephone Number
	Name Address	Tolopholio Ramoot
. 1	Persons within the State of Florida designated by Owner upo	n whom notices or other documents may be
	served as provided by Section 713.13(1)(b), Florida Statutes.	
•	Name Judy Wells, Facility Asset Management (FAM)	
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-100	U
	n addition to himself or herself, Owner designates the follow	ing to receive a copy of the Lienor's notice as
ı	provided by Section 713.13(1)(b), Florida Statutes.	7-1 Number 407 000 4025
	Name James Ruse	Telephone Number 407-828-1835
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-100	
ð. I	Expiration date of notice of commencement (the expiration d	ate may not be before the completion of construction
	and final payment to the contractor, but will be 1 year from the dat	e of recording unless a different date is specified)
ONS AYIN HE	10/07/2016 NING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE E SIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION I SO TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF CO JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN RNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF CO	713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR MMENCEMENT MUST BE RECORDED AND POSTED ON N FINANCING, CONSULT WITH YOUR LENDER OR AN COMMENCEMENT.
tate	er penalty of perjury, I declare that I have read the foregoing to the in it are true to the best of my knowledge and belief.	Hotice of commencement and that the races
	Turse S. Mas James	S. Ruse / Planner WDW FA
	/ ///	
	fignature of Owner or Lessee, or Owner's or ee's Authorized Officer/Director/Partner/Manager	Signatory's Printed Name/Title/Office
.655	ee's Authorized Onicenonecton Parmenwahager	$\int dt_1 = 1$
he '	foregoing instrument was acknowledged before me this	day of le 10/5, by James Juse month/year
	Authorized Signatory for	Walt Disney World Resort
s		me of party on behalf of whom instrument was executed
	Type of authority, e.g., officer, trustee, attorney in fact Nar	the or party on behalf of whom monument was executed
	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
Pe	rsonally Known V OR Produced ID	OURY Pue Notary Public State of Florida
Ту	pe of ID Produced	Kelly L Nobles My Commission EE 220221 Expires 07/29/2018

Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

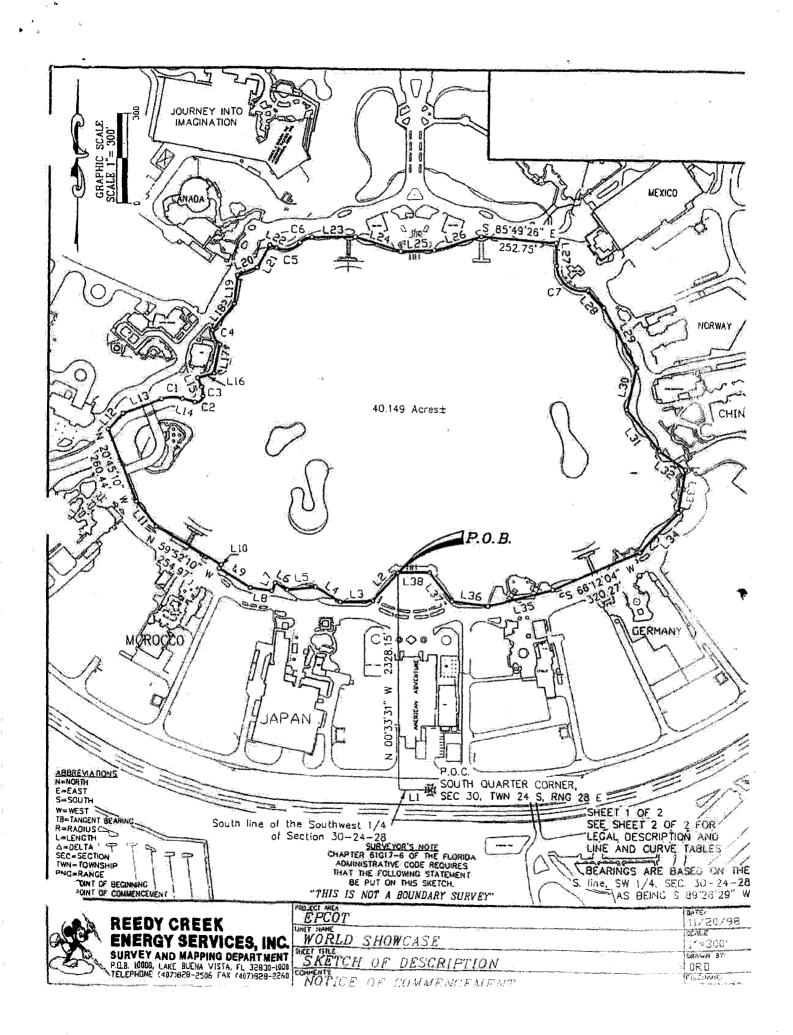
Attn: Tim Keith P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOC# 20150525596 B: 10995 P: 0256 10/08/2015 12:07:20 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



	NOTICE OF COMMENCEMENT
Sta	te of Florida, County of Orange
Th	e undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with
	apter 713, Florida Statues, the following information is provided in this Notice of Commencement.
1.	
	Legal Description Attached
2.	General description of improvement
	Wood sealing
3.	Owner information or Lessee information if the Lessee contracted for the improvement
	Name Walt Disney World Resort
	Address P.O. Box 10000, Lake Buena Vista, FL 32830
	Interest in Property Owner
	Name and address of fee simple titleholder (if different from Owner listed above)
	Name
	Address
4.	Contractor
	Name Dan Thomas Painting, Inc. Telephone Number 407-948-3598
	Address 1025 Lester Ridge Ct, Kissimmee, FL 34747
5.	Surety (if applicable, a copy of the payment bond is attached)
	NameTelephone Number
	Address Amount of Bond \$
6.	Lender
	Name Telephone Number
	Address
7.	
•	served as provided by Section 713.13(1)(b), Florida Statutes.
	Name _Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631
а	In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as
٥.	provided by Section 713.13(1)(b), Florida Statutes.
	Name Tim Keith Telephone Number (407)560-4168
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
۵	Expiration date of notice of commencement (the expiration date may not be before the completion of construction
٥.	and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)
	05/01/2016
COI PAY THE	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE ISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON JOBS SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
sta	der penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts ted in it are true to the best of my knowledge and belief.
	Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office seal's Authorized Officer/Director/Pertner/Manager
1	foregoing instrument was acknowledged before me this grant day of the foregoing instrument was acknowledged before me this grant day of the foregoing instrument was acknowledged before me this grant day of the foregoing instrument was acknowledged before me this grant day of the foregoing instrument was acknowledged before me this grant day of the foregoing instrument was acknowledged before me this grant day of the foregoing instrument was acknowledged before me this grant day of the foregoing instrument was acknowledged before me this grant day of the foregoing instrument was acknowledged before me this grant day of the foregoing instrument day of the foregoin
	Authorized Circulary
as	
	Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
	Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public
_	at View Alabara Dublia Chata of Florido
	Kelly L Nobles My Commission FE 220221
,	ype of ID Produced Expires 07/29/2016



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Watt Disney World Resort - FAM Attn: Tim Keith P.O. Box 10000 Lake Buena Vista, FL 32830-1000

Type of ID Produced __

DOC# 20150525597 B: 10995 P: 0258 10/08/2015 12:07:20 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



Kelly L Nobles
My Commission EE 220221
Expires 07/29/2016

	NOTICE OF COMMENCEMENT	
Sta	te of Florida, County of Orange	
The	e undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with	
Chapter 713, Florida Statues, the following information is provided in this Notice of Commencement.		
1.	Description of property (legal description of the property, and street address if available)	
	Legal Description Attached	
2.	General description of improvement	
	Miscellaneous Painting	
3.	Owner information or Lessee information if the Lessee contracted for the improvement	
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different from Owner listed above)	
	Name	
	Address	
4.	Contractor Name Multigan Constructors Telephone Number 407-654-6523	
	Name Mulligan Constructors Telephone Number 407-654-6523 Address 3601 Vineland Road, Orlando, FL 32811	
5.		
J.		
	Name Telephone Number Address Amount of Bond \$	
6.	Lender	
-	Name Telephone Number	
	Address	
7.	Persons within the State of Florida designated by Owner upon whom notices or other documents may be	
	served as provided by Section 713.13(1)(b), Florida Statutes.	
	Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631	
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
8.	In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as	
	provided by Section 713.13(1)(b), Florida Statutes.	
	Name Tim Keith Telephone Number (407)560-4168	
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
9.	Expiration date of notice of commencement (the expiration date may not be before the completion of construction	
	and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)	
	06/01/2016	
COI PAY THE	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR IN TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON IN JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
	der penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts ted in it are true to the best of my knowledge and bellef.	
M	commette wire JEANNETTE WIZE PRINC FAM	
V.,	Signature of Owner or Lessee, or Officer's or Signatory's Printed Name/Tille/Office see's Authorized Officer/Director/Partner/Manager	
ľ	e foregoing instrument was acknowledged before me this 8 day of Oct 2015 by Jeannette Wize	
as	Authorized Signatory for Walt Disney World Resort	
	Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed	
*	Signature of Notary Public - State of Florida Print Livae or atampagane of Alchan Public	
	Notary Public State of Florida	



LAND DESCRIPTION: CHINA PAVILION

A parcel of land lying in Section 30, Township 24 South, Range 28 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Northeast corner of said Section 30, run along the East line of the Northeast 1/4 of said Section 30, S 00°55'31" W, 2475.99 feet; thence N 90°00'00" W, 1526.15 feet to the Point of Beginning; thence S 27"18'39" W, 34.89 feet; thence S 77"53'55" W, 162.18 feet; thence N 10"21'21" W, 111.31 feet; thence N 44"32'25" W, 42.79 feet; thence S 80"13'20" W, 147.21 feet; thence N 11"52'40" W, 89.93 feet; thence N 78"51'54" E, 165.70 feet; thence S 11"18'55" E, 7.65 feet; thence N 77"50'49" E, 218.50 feet; thence S 09"25'17" E, 103.90 feet; thence S 28"00"31" W, 44.74 feet; thence S 12"8'23" E, 68.06 feet to the Point of Beginning, containing 1.417 Acres, more or less.

P.O.C.

NORTHEAST CORNER.
SEC 30, TWN 24 S, RNG 28 E

S 00'55'31" W 2475.99'
East line of the Northeast 1/4
of Section 30-24-28

N 78'51'54" E 165.70'

N 77'50'49" E 218.50'

CHINA PAVILION
1.417 Acres±'

N 90'00'00" W 1526.15'

P.O. B.

ABBREVIATIONS
R=RADIUS
L=LENGTH

Δ=DELTA
TB=TANGENT BEARING
SEC=SECTION
TWN=TOWNSHIP
RNG=RANGE
POB=POINT OF BEGINNING
C=POINT OF COMMENCEMENT



SURVEYOR'S NOTE
CHAPTER 61G17-6 OF THE FLORIDA
ADMINISTRATIVE CODE REQUIRES
THAT THE FOLLOWING STATEMENT
BE PUT ON THIS SKETCH.
"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE E. line, NE 1/4, SEC. 30-24-28 AS BEING S 00'55'31" W

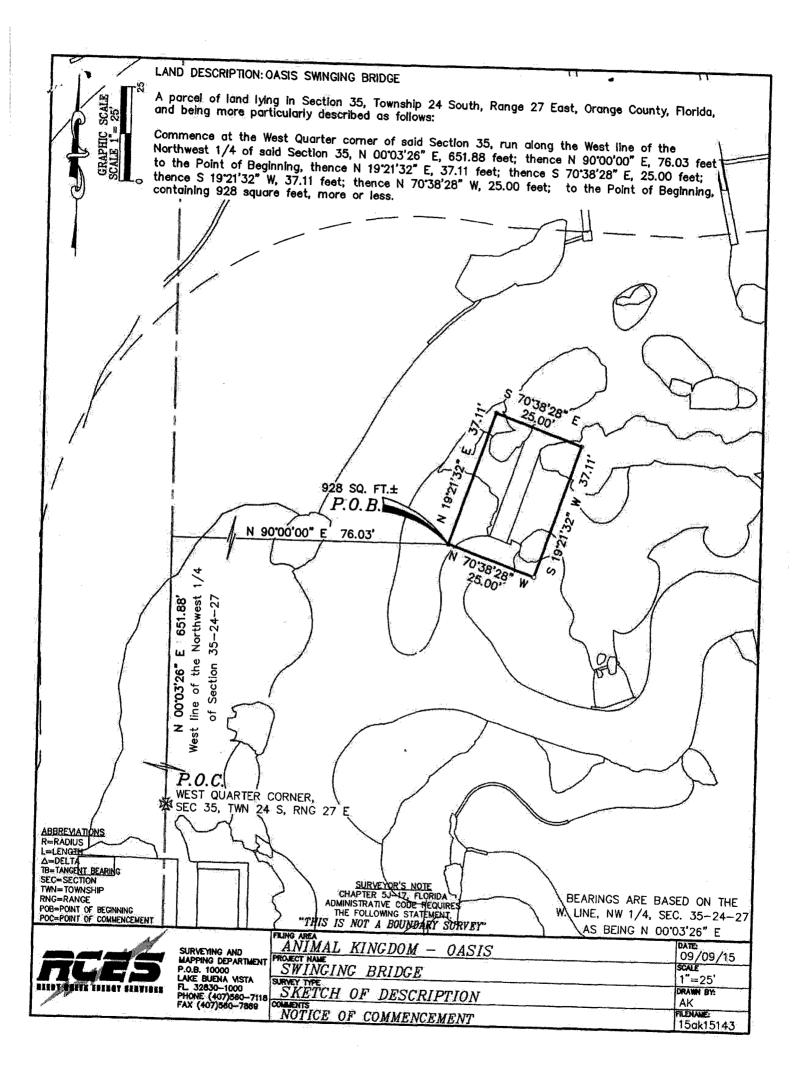
PROJECT AREA EPCOT - WORLD SHOWCASE	DATE: 2/25/08
CHINA PAVILION	scale 1" = 80'
SKETCH OF DESCRIPTION	DRAWN BY: MF
COMMENTS NOTICE OF COMMENCEMENT	FILENAME: 11mf01532

Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Lindsay Johnson P.O. Box 10000 Lake Buena Vista, FL 32830-1000

DOC# 20150525598 B: 10995 P: 0260 10/08/2015 12:07:20 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT

NOTICE OF COMMENCEMENT

	ate of Florida, County of Orange		
	e undersigned hereby gives notice that improvement will be made t		
	apter 713, Florida Statues, the following information is provided in		
1.	. Description of property (legal description of the property, and street address if available)		
	See attached legal description		
2.	General description of improvement		
_	General Construction	· · · · · · · · · · · · · · · · · · ·	
3,	Owner information or Lessee information if the Lessee contr	acted for the improvement	
	Name Walt Disney World Resort		
	Address P.O. Box 10000, Lake Buena Vista, FL 32830		
	Interest in Property Owner		
	Name and address of fee simple titleholder (if different from	Owner listed above)	
	Name		
	Address		
4.	Contractor		
	Name MLC THEMING INC	Telephone Number 407-812-6616	
_	Address 2700 Bonnet Creek Road, Lake Buena Vista, FL 3283	0	
5.	Surety (if applicable, a copy of the payment bond is attached)		
	Name	Telephone Number	
_	Address	Amount of Bond \$	
6.	Lender		
	Name	Telephone Number	
~	Address		
1.	Persons within the State of Florida designated by Owner upo	n whom notices or other documents may be	
	served as provided by Section 713.13(1)(b), Florida Statutes.	-	
	Name Judy Wells, Facility Asset Management (FAM)		
	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-100		
8.	In addition to himself or herself, Owner designates the follow	ing to receive a copy of the Lienor's Notice as	
	provided by Section 713.13(1)(b), Florida Statutes.	Total Control	
	Name Lindsay Johnson	Telephone Number	
n	Address P.O. Box 10000, Lake Buena Vista, Florida 32830-100		
9.	Expiration date of notice of commencement (the expiration d		
	and final payment to the contractor, but will be 1 year from the date	e of recording unless a different date is specified)	
	11/27/2015		
CON PAY THE	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 7 ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COLUMN STEE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF CORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COURSE!	'13.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR MMENCEMENT MUST BE RECORDED AND POSTED ON N FINANCING. CONSULT WITH YOUR LENDER OR AN	
Und	der penalty of perjury, I declare that I have read the foregoing a ted in it are true to the best of my knowledge and belief.	notice of commencement and that the facts	
Š	111 7	10 160	
<u></u>	Undsay Joh	nson / Planner / FAM	
l ac	Signature of Owner or Lessee, or Owner's or see's Authorized Officer/Director/Partner/Manager	Signatory's Printed Name/Tille/Office	
	foregoing instrument was acknowledged before me this/U+h	day of Scot. 2015, by Lindsay Johnson	
as	Authorized Signatory for	Walt Disney World Resort	
-		ne of party on behalf of whom instrument was executed	
	1/		
	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public	
Pe	ersonally Known OR Produced ID	Notary Public State of Florida	
	ype of ID Produced	My Commission EE 220221 Expires 07/29/2016	



Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Elery Borton P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOC# 20150525599 B: 10995 P: 0262 10/08/2015 12:07:20 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



NOTICE OF COMMENCEMENT

State of Florida,	County or	f Orange
-------------------	-----------	----------

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713. Florida Statues, the following information is provided in this Notice of Commencement.

	apter 713, Florida Statues, the following information is provi	
1.	Description of property (legal description of the proper 4910597.13.ES.F See Attached	ty, and street address if available)
2.	General description of improvement	
	Electrical	
3.	Owner information or Lessee information if the Lessee	contracted for the improvement
	Name Walt Disney World Resort	
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if different	nt from Owner listed above)
	Name	······································
	Address	
4.	Contractor	
	Name Siemens Building Technologies	Telephone Number 407-619-3080
	Address 2700 Bonnet Creek Rd, Lake Buena Vista, FL	
5.	Surety (if applicable, a copy of the payment bond is attact	
•	Name	Telephone Number
	Address	Amount of Bond \$
6.	Lender	7 though of Bond \$
Ο.	Namo	Telephone Number
	Address	Telephone Number
7.		ar un ar unbarro matiena ar ather de curronte may be
٠.	· · · · · · · · · · · · · · · · · · ·	
	served as provided by Section 713.13(1)(b), Florida Sta	
	Name Judy Wells, Facility Asset Management (FAM)	
_	Address P.O. Box 10000, Lake Buena Vista, Florida 328	
8.	In addition to himself or herself, Owner designates the	following to receive a copy of the Lienor's Notice as
	provided by Section 713.13(1)(b), Florida Statutes.	
	Name Elery Borton	Telephone Number (407)934-7255
_	Address P.O. Box 10000, Lake Buena Vista, Florida 328	
9.	, ,	ration date may not be before the completion of construction
	and final payment to the contractor, but will be 1 year from	the date of recording unless a different date is specified)
	12/31/20	015
COI PAY THE ATT	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTE NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, I I/ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTIC! I JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO ORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOT der penalty of perjury, I declare that I have read the fore ted in it are true to the best of my knowledge and belief	ECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR OF COMMENCEMENT MUST BE RECORDED AND POSTED ON DOBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ICE OF COMMENCEMENT. going notice of commencement and that the facts
		<u>.</u>
4	Cley Porto Eleky	BORTON DMA FAM
	Signature of Owner or Lessee, or Owner's or	Signatory's Printed Name/Title/Office
Le	ssee's Authorized Officer/Director/Partner/Manager	Al al m
The	e foregoing instrument was acknowledged before me this	day of John by Eleny Souto A
	Authorized Signature	Walt Dianay World Basert
as .		for Walt Disney World Resort
	Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
_	Olavia Dali Ciri Cari	
	Signåture of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
F	Personally Known OR Produced ID	Notary Public State of Florida Kelly L Nobles My Commission EE 220221
7	Type of ID Produced	Expires 07/29/2016

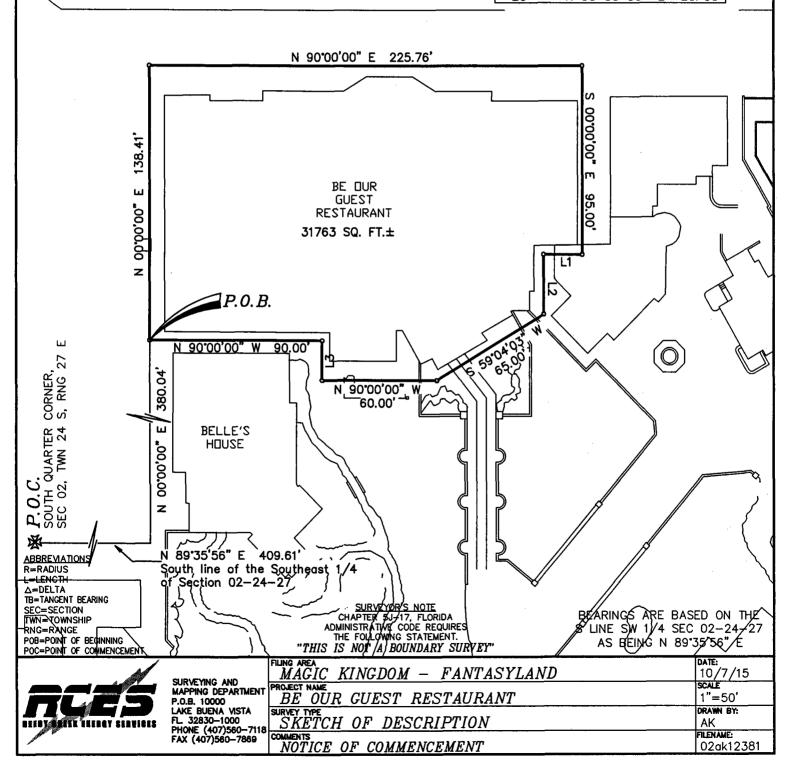


LAND DESCRIPTION: BE OUR GUEST RESTAURANT

A parcel of land lying in Section 02, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the South Quarter corner of said Section 02, run along the South line of the Southeast 1/4 of said Section 02, N 89'35'56" E, 409.61 feet; thence N 00'00'00" E, 380.04 feet to the Point of Beginning, thence N 00'00'00" E, 138.41 feet; thence N 90'00'00" E, 225.76 feet; thence S 00'00'00" E, 95.00 feet; thence N 90'00'00" W, 20.00 feet; thence S 00'00'00" E, 30.00 feet; thence S 59'04'03" W, 65.00 feet; thence N 90'00'00" W, 60.00 feet; thence N 00'00'00" E, 20.00 feet; thence N 90'00'00" W, 90.00 feet; feet to the Point of Beginning, containing 31763 square feet, more or less.

	<u>TANGENT TABLE</u>	
LINE#	BEARING	DIST.
L1	N 90°00′00 ″	W 20, 00
L2	2 00,00,00	E 30, 00
L3	N 00°00′00°	E 20, 00



Permit Number:	DOC # 20150526702 B: 10995 P: 2607
Folio/Parcel ID #:	10/09/2015 07:12 AM Page 1 of 1
Prepared by: Nicholas Frasca-Ass. Contract Admin	Rec Fee: \$10.00
1365 Avenue of the Stars	Deed Doc Tax: \$0.00
Lake Buena Vista, FL 32830	Mortgage Doc Tax: \$0.00
Return to: Nicholas Frasca	Intangible Tax: \$0.00 Martha O. Haynie, Comptroller
1365 Avenue of the Stars	Orange County, FL
Lake Buena Vista, FL 32830	Ret To: CSC INC
NOTICE OF COMMENCEMENT	
State of Florida, County of Orange	
The undersigned hereby gives notice that improvement will be m	nade to certain real property, and in accordance
with Chapter 713, Florida Statutes, the following information is pr	
1. Description of property (legal description of the property, ar	nd street address if available)
860 Werike Wy, Bay Lake, FL 32830	
2. General description of improvement	
Kilamanjaro Safari - Audio Install	- natural day the formula and
 Owner information or Lessee information if the Lessee co Name Walt Disney Imagineering 	ontracted for the improvement
Address P.O. Box 10321, Lake Buena Vista, FL 32830	
Interest in Property Fee Simple	
Name and address of fee simple titleholder (if different fro	om Owner listed above)
Name N/A	on owner listed above
Address N/A	
4. Contractor	
Name Elite AV Systems	Telephone Number 321-377-4294
Address 201 Michael Drive, Oviedo, FL 32765	
5. Surety (if applicable, a copy of the payment bond is attached))
Name Not Applicable	Telephone Number N/A
Address N/A	Amount of Bond \$ Not Required
6. Lender	· · · · · · · · · · · · · · · · · · ·
Name NONE	Telephone Number N/A
Address N/A	
7. Persons within the State of Florida designated by Owner	upon whom notices or other documents may
be served as provided by §713.13(1)(a)7, Florida Statutes	
Name Russell Stokes	Telephone Number 407-560-7858
Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena	
8. In addition to himself or herself, Owner designates the fo	ollowing to receive a copy of the Lienor's
Notice as provided in §713.13(1)(b), Florida Statutes.	T
Name Contract Accounting	Telephone Number <u>407-560-7858</u>
Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena 9. Expiration date of notice of commencement (the expiration	
 Expiration date of notice of commencement (the expiration construction and final payment to the contractor, but will be 1 	
different date is specified)	year from the date of recording timess a
• • • • • • • • • • • • • • • • • • • •	
WARNING TO OWNER: ANY PAYMENTS MADE BY, THE OWNER AFTER TH ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I,	SECTION 713.13 FLORIDA STATUTES AND CAN
RESULT IN YOUR PAYING TWICE FORTMPROVEMENTS TO YOUR PROPER	RTY. A NOTICE OF COMMENCEMENT MUST BE
RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECT	TION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT
WITH YOUR LENDER OR AN ACTORNEY BEFORE COMMENCING WORK OF I certify that this Notice of Commencement has been tilelt for recording with	R RECORDING YOUR NOTICE OF COMMENCEMENT.
T certify that this wouce of Commencement has been tried for recording with	n Orange County.
	Dir. of S&P
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Directo	
CHA	or/Partner/Manager 2015 Signatory's Title/Office by Russell H. Stokes
The foregoing instrument was acknowledged before me this 2	_day ofby Russell H. Stokes
Director of Couring & Beautypenent	month/year name of person
	sign and Construction ame of party on behalf of whom instrument was executed
	AILABRUS G. SANTIAGO
Signature of Notary Public - State of Florida Pr	tink from a sankanna san
B	rint, type, or stamp commissioned name of Notary Public
	nnk, type, or stamp commissioned name of Notary Public
Personally KnownOR Produced ID	,,,,,,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,
Type of ID Produced	Notary Public State of Florida
	,,,,,,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,

		DOC# 20150529317 B: 10995 P: 9169 10/09/2015 03:47:26 PM Page 1 of 1
Pe	rmit Number: BD15-0504	Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: POOLEY ENTERPRISES INC
	lio/Parcel Identification Number:	MB - Ret To: POOLEY ENTERPRACE
Pre	epared by: Carl Otto	TIME LIE LIE LIE INC
_		
Re	turn to: Pooley Enterprises, Inc.	and the second of the second o
	31 Grand National Drive, Suite 104	
	lando, FL 32819	•
	NOTICE OF COMMEN	ICEMENT
	ate of Florida, County of Orange	
	e undersigned hereby gives notice that improvement will be m	
	h Chapter 713, Florida Statutes, the following information is pr	
	Description of property (legal description of the property, an B52 - 1650 E Buena Vista Drive	d street address if available)
2.	General description of improvement General Construction	
3.	Owner information or Lessee information if the Lessee co	ontracted for the improvement
	Name Levy World Limited Partnership	
	Address 1650 Buena Vista Drive, Lake Buena Vista, FL 3283	30
	Interest in Property Lessee	O man l'ata d'abana N
	Name and address of fee simple titleholder (if different fro Name Walt Disney World Resort	om Owner listed above)
	Address P.O. Box 10,000, Lake Buena Vista, FL 32830	
4.	Contractor	
	Name Pooley Enterprises, Inc.	Telephone Number <u>407-363-1993</u>
	Address 7131 Grand National Drive, Suite 104, Orlando, FL	
5.	Surety (if applicable, a copy of the payment bond is attached) —
	Name	Telephone Number
6	Address	Amount of Bond \$
Ο.	Lender Name	Telephone Number
	NameAddress	Telephone Number
7	Persons within the State of Florida designated by Owner	upon whom notices or other documents may
•	be served as provided by §713.13(1)(a)7, Florida Statutes	
	Name Jimmy Carlsen	Telephone Number 407-939-4453
	Address 1825 Live Oak Lane, Lake Buena Vista, FL 32830	
8.	In addition to himself or herself, Owner designates the fo	ollowing to receive a copy of the Lienor's
	Notice as provided in §713.13(1)(b), Florida Statutes.	
	Name Denise Gaffney	Telephone Number 312-664-8200
_	Address c/o Levy Restaurants, 980 N. Michigan Ave., Suite	400, Chicago, IL 60611
9.		on date may not be before the completion of
	construction and final payment to the contractor, but will be 1 different date is specified)	year from the date of recording diffess a
	different date is specified)	
AR RE RE	ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPE CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTING YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK O	SECTION 713.13, FLORIDA STATUTES, AND CAN RTY. A NOTICE OF COMMENCEMENT MUST BE TION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT
	nder penalty of perjury, I declare that I have read the foregots stated in it are true to the beat of my knowledge and be	
		Treasurer of Gen. Partner
Sic	nature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director	
	r)	-1-20D
Th		month/yearname of person
as	Type of authority, e.g., officer, trustee, attorney in fact N	ame of party on behalf of whom instrument was executed
-		rist type or stamphormissioned name of Notary Public
	Signature of Notary Public – State of Florida	rint type or stamp commissioned name of Notary Public
	ersonally Known OR Produced ID	OFFICIAL SEAL LINDSAY WEINSTEIN NOTARY PUBLIC - STATE OF ILLINOIS
٠,	<u> </u>	MY COMMISSION EXPIRES ASSISTANCES 9