

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90030 006 ****50.00

DOCUMENT # L01000014982

1. Entity Name



PORT ORANGE AIRPORT ROAD, LLC

DO NOT WRITE IN THIS SPACE

30041648

2. Principal Place of Business

1030 W. Int'l.Speedway Blvd.

3. Mailing Address

1030 W. Int'l.Speedway Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Daytona Beach, Florida

Daytona Beach, Florida

Zip
32114

Country
Volusia

Zip
32114

Country
Volusia

4. FEI Number

59-3744415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Devin Tower

Street Address (P.O. Box Number is Not Acceptable)

1030 W. Int'l. Speedway Blvd.

Suite 200

City

Daytona Beach

FL

Zip Code

32114

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Devin Tower
1030 W. Int'l.Speedway Blvd. #200
Daytona Beach, FL. 32114

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Charles S. Lichtigman
1030 W. Int'l.Speedway Blvd. #200
Daytona Beach, FL. 32114

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/7/03 386-238-3600

Date

Daytime Phone #

CR2E083B (12/02)