


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90355 015 \*\*\*\*50.00

<b>DOCUMENT # L05000068364</b>		
1. Entity Name ORANGE CITY VILLAGE, LLC		
Principal Place of Business C/O AI GROUP, LLC 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763	Mailing Address C/O AI GROUP, LLC 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	



1019 Town Center Drive  
 Orange City, Florida 32763

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 Orange City, Florida 32763

03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3240176	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WANAMAKER, JOHN CCIM 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763		Name <i>Wanamaker, John CCIM</i> Street Address (P.O. Box Number is Not Acceptable)  1019 Town Center Drive Orange City, Florida 32763	
		L Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.

SIGNATURE *John Wanamaker* (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUALITY COMMERCIAL DEVELOPERS, LLC 2574 S. VOLUSIA AVE. ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1019 Town Center Dr. Orange City FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *John Wanamaker* 4/4/07 386-775-8633  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #