

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90055 020 ****50.00

DOCUMENT # L98000002311

1. Entity Name
PORT ORANGE PROPERTIES, L.C.

| | |
|--|--|
| Principal Place of Business 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH FL 32114 | Mailing Address C/O CHARLES WAYNE PROPERTIES, INC. 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH FL 32114 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. SUITE 201 | 3. Mailing Address Suite, Apt. #, etc. SUITE 201 |
|---|---|

| | | | |
|--------------|--------------|---|--|
| City & State | City & State | 4. FEI Number 59-3555957 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWER, DEVIN
 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD
 DAYTONA BEACH FL 32114**

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State FL Zip Code |

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TOWER, DEVIN 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH FL 32114 <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 |
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| 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 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 REQUIRED DEVIN-TOWER **JANUARY 22, 2002** (386)238-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (9/01)