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# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


## FILED Mar 31, 2005 8:00 am Secretary of State

03-31-2005 90128 001 \*\*\*\*50.00

### 20025678



03032005 Chg-LLC CR2E083 (10/03)

|   |   |  |  |
|---|---|--|--|
| DOCUMENT # L98000002311   |   |   |  |
| 1. Entity Name<br>PORT ORANGE PROPERTIES, L.C.  |   |  |  |
| Principal Place of Business<br>1030 W. INTERNATIONAL SPEEDWAY BOULEVARD<br>SUITE 201<br>DAYTONA BEACH, FL 32114 US  |   | Mailing Address<br>1030 W. INTERNATIONAL SPEEDWAY BOULEVARD<br>SUITE 201<br>DAYTONA BEACH, FL 32114 US   |  |
| 2. Principal Place of Business<br>444 SEABREEZE BLVD.   |   | 3. Mailing Address<br>444 SEABREEZE BLVD.  |  |
| Suite, Apt. #, etc.<br>STE 1000   |   | Suite, Apt. #, etc.<br>STE 1000  |  |
| City & State<br>DAYTONA BEACH, FL   |   | City & State<br>DAYTONA BEACH, FL  |  |
| Zip<br>32118  |   | Country  |  |
| Zip<br>32118  |   | Country  |  |
| 4. FEI Number<br>59-3555957   |   | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>TOWER, DEVIN<br>1030 W. INTERNATIONAL SPEEDWAY BOULEVARD<br>DAYTONA BEACH, FL 32114  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>444 SEABREEZE BLVD.<br>STE. 1000<br>City<br>DAYTONA BEACH, FL Zip Code<br>32118 |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   | 10. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>TOWER, DEVIN<br>1030 W. INTERNATIONAL SPEEDWAY BOULEVARD<br>DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 444 SEABREEZE BLVD. STE. 1000<br>DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>LICHTIGMAN, CHARLES<br>444 SEABREEZE BLVD. STE. 1000<br>DAYTONA BEACH, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  |  |
|   |   | Date _____<br>Daytime Phone # _____  |  |