

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086544

**Entity Name:** MDS 1717 S ORANGE AVENUE, LLC

**Current Principal Place of Business:**

324 W GORE STREET  
ORLANDO, FL 32806

**Current Mailing Address:**

324 W GORE STREET  
ORLANDO, FL 32806

**FEI Number:** 45-2803248

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SWANN HADLEY STUMP DIETRICH & SPEARS  
1031 W MORSE BOULEVARD  
SUITE 350  
WINTER PARK, FL 32789 US

*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:** RICHARD SWANN

04/19/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MEARS DESTINATION SERVICES, INC.  
Address 324 W GORE STREET  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name SAGACIOUS HOLDINGS, LLC  
Address 1020 WALD ROAD  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name WOODARD PROPERTIES, INC.  
Address 1111 LAKE WELDONA DRIVE  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name BAKER, TIMOTHY L  
Address 324 W GORE STREET  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name VOISIN, JOSEPH B  
Address 324 W GORE STREET  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name FORD, DANIEL W  
Address 8614 WILLOW KANE COURT  
City-State-Zip: ORLANDO FL 32835

Title MANAGING MEMBER  
Name FORD, DANIEL W  
Address 324 W GORE STREET  
City-State-Zip: ORLANDO FL 32806

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY L BAKER

MEMBER

04/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date