

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400000531

**FILED**  
**Apr 19, 2018**  
**Secretary of State**  
**CC8842617875**

**Entity Name:** ORLANDO CONSOLIDATED CONTRACTORS LLC

**Current Principal Place of Business:**

40 DANBURY ROAD  
WILTON, CT 06897

**Current Mailing Address:**

C/O WESTPORT CAPITAL PARTNERS, LLC  
40 DANBURY ROAD  
WILTON, CT 06897

**FEI Number:** 46-5357977

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           WCP REAL ESTATE FUND III, L.P.  
Address        40 DANBURY ROAD  
City-State-Zip: WILTON CT 06897

Title           MEMBER  
Name           GRANDE PALISADES HOLDINGS III,  
                  LLC  
Address        40 DANBURY ROAD  
City-State-Zip: WILTON CT 06897

Title           MEMBER  
Name           GRANDE PALISADES HOLDINGS III  
                  (C), LLC  
Address        40 DANBURY ROAD  
City-State-Zip: WILTON CT 06897

Title           MEMBER  
Name           GRANDE PALISADES HOLDINGS III(A),  
                  LLC  
Address        40 DANBURY ROAD  
City-State-Zip: WILTON CT 06897

Title           MEMBER  
Name           GRANDE PALISADES (BL), LLC  
Address        40 DANBURY ROAD  
City-State-Zip: WILTON CT 06897

Title           MEMBER  
Name           BTI GRANDE PALISADES OPERATOR,  
                  LLC  
Address        40 DANBURY ROAD  
City-State-Zip: WILTON CT 06897

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARC POROSOFF

**AUTHORIZED PERSON**

**04/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date