

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011123 1. Entity Name ORANGE AVENUE, LLC	
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Principal Place of Business 1199 N. ORANGE AVE. ORLANDO, FL 32804	Mailing Address 1199 N. ORANGE AVE. ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3671093	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent

POWELL, THOMAS R
1199 N. ORANGE AVE.
ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

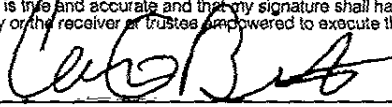
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL, THOMAS R 1199 N. ORANGE AVE. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENNETT, CAMERON G 1199 N. ORANGE AVE. ORLANDO, FL 32804
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U00000119350
04/19/04-80097-013 50.00

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IN THIS SPACE**

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:  **4/14/04 407 895-8160**

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