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**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90939 039 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L00000012691**

1. Entity Name

125 SOUTH ORANGE, LLC

Principal Place of Business

C/O EDWARDS & ANGELL LLP  
250 ROYAL PALM WAY SUITE 300  
PALM BEACH FL 33480

Mailing Address

C/O EDWARDS & ANGELL LLP  
250 ROYAL PALM WAY SUITE 300  
PALM BEACH FL 33480

27174

2. Principal Place of Business

Lot 00 Payne Stewart Dr

Suite, Apt. #, etc.

3. Mailing Address

200 S. Orange Ave

Suite, Apt. #, etc.

Suite 2300

City & State

WINDERMERE FL

City & State

Orlando FL

4. FEI Number

APPLIED FOR

59-306384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOTOS, MICHAEL E  
% EDWARDS & ANGELL, LLP  
250 ROYAL PALM WAY, SUITE 300  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name: A.G.C. Co.

Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Ave STE 2300

City Orlando

FL

Zip Code

32801-3432

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

Signature, typed or printed name of registered agent and title if applicable.

Richard T. Fulton, VICE PRESIDENT 4/24/02

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAVISTOCK SOUTH ORANGE LLC P.O. BOX 3800 WINDERMERE FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10.

ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

*Jefferson Vase*

Jefferson Vase

3/13/02

(407) 876-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)