

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015563

1. Entity Name
WEST ORANGE LAND ONE, LLC



Principal Place of Business
**6100 PAYNE STEWART DRIVE
WINDERMERE, FL 34786**

Mailing Address
**200 S. ORANGE AVE., SUITE 2300
ORLANDO, FL 32801**



04082004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3727845	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**A.G.C. CO.
200 S ORANGE AVE., SUITE 2300
ORLANDO, FL 32801**

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

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

U000000127001
04/23/04-80057-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TAVISTOCK CORPORATION
STREET ADDRESS	P.O. BOX 8800
CITY - ST - ZIP	WINDERMERE, FL 34786

TITLE	P
NAME	THAKKAR, RASESH
STREET ADDRESS	PO BOX 8800
CITY - ST - ZIP	WINDERMERE, FL 34786

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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 605, Florida Statutes.

SIGNATURE: _____

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

4/9/04
Date

407-876-8800
Daytime Phone #