2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90039 015 ****50.00

DOCUMENT # L01000008684

1. Entity Name
WEST ORANGE DEVELOPMENT, L.L.C.

Principal Place of Business	Mailing Address
530 SOUTH MAIN ST. WINTER GARDEN FL 34787	530 SOUTH MAIN ST. WINTER GARDEN FL 34787

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
232 SOUTH DILLARD ST	232 SOUTH DILLARD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER GARDEN FL	City & State: WINTER GARDEN FL
Zip: 34787 Country: USA	Zip: 34787 Country: USA

4. FEI Number 59-3725698 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, SOUTH & MILHAUSEN, P.A.
C/O JEFFREY P. MILHAUSEN, ESQ.
2699 LEE RD., STE. 120
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELISLE, STEVEN A 530 SOUTH MAIN ST. WINTER GARDEN FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 232 SOUTH DILLARD STREET WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOLLEY, RODNEY V 2516 CRESCENT POINTE CT. WINDERMERE FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 232 SOUTH DILLARD STREET WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: SIGNATURE REQUIRED 3-17-03 407-395-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #