
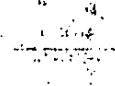


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90239 009 ****50.00

DOCUMENT # L01000014982 1. Entity Name PORT ORANGE AIRPORT ROAD, LLC					
Principal Place of Business 1030 WEST INT'L SPEEDWAY BLVD SUITE 200 DAYTONA BEACH, FL 32114			Mailing Address 1030 WEST INT'L SPEEDWAY BLVD SUITE 200 DAYTONA BEACH, FL 32114		
2. Principal Place of Business 444 SEABREEZE BLVD.		3. Mailing Address 444 SEABREEZE BLVD.			
Suite, Apt. #, etc. STE 1000		Suite, Apt. #, etc. STE 1000			
City & State DAYTONA BEACH, FL		City & State DAYTONA BEACH, FL			
Zip 32118		Country		Zip 32118	
Country		Country			
4. FEI Number 59-3744415			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent TOWER, DEVIN 1030 WEST INT'L SPEEDWAY BLVD SUITE 200 DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BLVD. STE 1000 City DAYTONA BEACH, FL Zip 32118		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LICHTIGMAN, CHARLES S 1030 WEST INT'L SPEEDWAY BLVD. DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	444 SEABREEZE BLVD. STE 1000 DAYTONA BEACH, FL 32118
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWER, DEVIN 1030 WEST INT'L SPEEDWAY BLVD. DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	444SEABREEZE BLVD. STE 1000 DAYTONA BEACH, FL 32118
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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				
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

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03032005 Chg-LLC CR2E083 (10/03)