

FILED
Aug 04, 2003 8:00 am
Secretary of State

05-02-2003 90572 050 ****50.00

5/2/20

5/1

**2003 LIMITED-LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000007076

1. Entity Name

PEACHTREE PROPERTIES OF ORLANDO, LLC



55053219

Principal Place of Business

2300 LEE ROAD
WINTER PARK FL 32789

Mailing Address

2300 LEE ROAD
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0551406

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALIN, B. MICHAEL
2300 LEE ROAD
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

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

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

Date

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

☐ Delete

Managing Member *Pres*
Bel-Aire Homes, Inc.
2300 Lee Road
Winter Park, Florida 32789

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

Member *VP*
Ashley Darley
505 Peachtree Road
Orlando, Florida 32804

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] **SIGNATURE REQUIRED**

4/24/03

407-644-0200

Signature, typed or printed name of signed managing member, manager, or authorized representative

Date

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