

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011509 1. Entity Name ORANGE BLOSSOM RV RESORT, L.L.C.	
---	---

Principal Place of Business 3800 W. ORANGE BLOSSOM TRAIL (US 441) APOPKA, FL 32712	Mailing Address 3800 W. ORANGE BLOSSOM TRAIL (US 441) APOPKA, FL 32712
--	--

DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0463881	Applied For Not Applicable
5. Certificate of Status Desired ☒ R	\$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent DOUGLAS, MARK 3800 W. ORANGE BLOSSOM TRAIL (US 441) APOPKA, FL 32712	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOUGLAS, MARK N 3800 W. ORANGE BLOSSOM TRAIL (US-441) APOPKA, FL 327125908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HILL, NORA-GAYE 3800 W. ORANGE BLOSSOM TRAIL (US-441) APOPKA, FL 327125908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000168445
07/26/04-80014-001 55.00

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 608, Florida Statutes.

SIGNATURE: Mark Douglas Mark Douglas 1/6/04 407.317.5696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #