2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000022359

1. Entity Name 6926 PORT ORANGE, LLC

Mailing Address

1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33401

Principal Place of Business

MAPES, PAUL

SIGNATURE

SUITE 407 SOUTH

1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33401

FILED Apr 11, 2007 8:00 am Secretary of State

04-11-2007 90156 035 ****50.00



02272007 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) Applied For 4. FEI Number 13-4228075

П

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent DO NOT WRITE 1601 BELVEDERE ROAD

IN THIS SPACE WEST PALM BEACH, FL 33401

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.

(NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	METZ, JOHN	
STREET ADDRESS	1601 BELVEDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
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		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11 hereby	gertify that the information supplied with this filing does not qualify for the	

Signature, typed or printed name of registered agent and title if applicable

MANACING MEMBERS/MANACERS

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and according 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 flability company or the receiver of rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4-4-01

561-684-2101

Daytime Phone #