


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000033847</b> 1. Entity Name PORT ORANGE APARTMENT ASSOCIATES I, L.L.C.	
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Principal Place of Business 753 E. GLENN AVE. AUBURN, AL 36831	Mailing Address 753 E. GLENN AVE. AUBURN, AL 36831
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**DO NOT WRITE IN THIS SPACE**



04122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3668131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR  
C/O GRAHAM, BUILDER, JONES, ET AL LLP  
369 N. NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK, FL 32789

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

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

U000000729095  
05/08/07-80025-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHANNON, MICHAEL V 753 E. GLENN AVE. AUBURN, AL 36831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSH, DOUGLAS C 4203 VINELAND RD. SUITE K-13 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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:** Michael V. Shannon **4/17/07** **334/821-0928**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #