2008 LIMITED LIABILITY COMPANY

Apr 30, 2008 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # L02000033847** PORT ORANGE APARTMENT ASSOCIATES I, L.L.C. Principal Place of Business Mailing Address 753 E. GLENN AVE. 753 E. GLENN AVE. AUBURN, AL 36831 AUBURN, AL 36831 04222008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3668131 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUILDER, J. LINDSAY JR DO NOT WRITE C/O GRAHAM, BUILDER, JONES, ET AL LLP 369 N. NEW YORK AVENUE, 3RD FLOOR IN THIS SPACE WINTER PARK, FL 32789 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. 05/27/08-80007-016 138.75 MGRM TITLE SHANNON, MICHAEL V STREET ADDRESS 753 E. GLENN AVE. CITY-ST-ZIP AUBURN, AL 36831 TITLE **MGRM** BUSH, DOUGLAS C NAME STREET ADDRESS 4203 VINELAND RD. SUITE K-13 CITY-ST-ZIP ORLANDO FL 32811 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CITY-ST-ZIP TALE NAME STREET ADORESS

11. I hereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP

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FILED