

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 90035 019 ****50.00

DOCUMENT # L03000007004 1. Entity Name ORLANDO CONCOURSE PARTNERS, L.L.C.					
Principal Place of Business 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751			Mailing Address 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 03-0507197			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BUILDER, J. LINDSAY JR., ESQ. 369 N. NEW YORK AVENUE, 3RD FLOOR 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 if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE VP	NAME G. Geoffrey Longstaff			☐ Delete	
STREET ADDRESS 2033 Main St. Ste 200	CITY-ST-ZIP Sarasota, FL 34237			☐ Change ☐ Addition	
TITLE President	NAME George D. Livingston			☐ Delete	
STREET ADDRESS 2200 Lucien Way Ste 350	CITY-ST-ZIP Maitland, FL 32751			☐ Change ☐ Addition	
TITLE Trustee	NAME Howard Schieferdecker			☐ Delete	
STREET ADDRESS 1605 King Arthur Circle	CITY-ST-ZIP Maitland, FL 32751			☐ Change ☐ Addition	
TITLE Trustee	NAME Peter Weldon			☐ Delete	
STREET ADDRESS 700 Via Lombardy	CITY-ST-ZIP Winter Park, FL 32789			☐ 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)(i), 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: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: 4/23/04 Daytime Phone #: 407-875-9989	

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