

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90060 005 \*\*\*\*50.00

20051696



<b>DOCUMENT # L03000007004</b> 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0507197	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUILDER, J. LINDSAY JR., ESQ 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONGSTAFF, GEOFFREY G		NAME		
STREET ADDRESS	2033 MAIN ST STE 200		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVINGSTON, GEORGE D		NAME		
STREET ADDRESS	2200 LUCIEN WAY STE 350		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHIEFERDERKER, HOWARD		NAME		
STREET ADDRESS	1605 KING ARTHUR CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELDON, PETER		NAME		
STREET ADDRESS	700 VIA COMBORDY		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>			22 Apr 2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		