

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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		03312006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 03-0507197	
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	
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.				FL Zip Code	
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LONGSTAFF, GEOFFREY G 2033 MAIN ST STE 200 SARASOTA, FL 34237	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIVINGSTON, GEORGE D 2200 LUCIEN WAY STE 350 MAITLAND, FL 32751	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHIEFERDERKER, HOWARD 1605 KING ARTHUR CIRCLE MAITLAND, FL 32751	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WELDON, PETER 700 VIA COMBORDY WINTER PARK, FL 32789	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
☐ Change ☐ Addition					
U00000542396 05/10/06-80095-012 50.00					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
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: _____				4-27-06 407-875-9989	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	