

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012615

FILED
Apr 14, 2009
Secretary of State

Entity Name: WEST ORANGE OFFICE PROPERTIES, L.C.

Current Principal Place of Business:

9430 TURKEY LAKE ROAD
SUITE 212
ORLANDO, FL 32819

New Principal Place of Business:

725 E OAK ST
KISSIMMEE, FL 34744

Current Mailing Address:

P.O. BOX 692049
ORLANDO, FL 32869

New Mailing Address:

FEI Number: 38-3686751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELE, WILLIAM A M.D.
9430 TURKEY LAKE ROAD
SUITE 212
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

WRIGHT, D FRANK
145 N MAGNOLIA AVE
ORLANDO, FL 32801 US

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.

SIGNATURE: D. FRANK WRIGHT

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOFF, MAYNARD DR
Address: 9430 TURKEY LAKE RD
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: STEELE, WILLIAM A DR.
Address: 9430 TURKEY LAKE RD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEELE, WILLIAM A MD
Address: 9430 TURKEY LAKE RD
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change () Addition
Name: GOFF, MAYNARD MD
Address: 9430 TURKEY LAKE RD
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM A STEELE MD

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date