

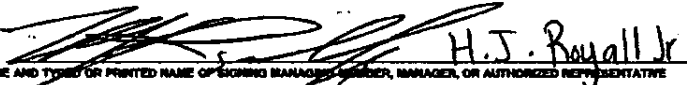


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90218 027 \*\*\*\*55.00

<b>DOCUMENT # L03000022699</b>					
1. Entity Name NORTH ORANGE CONDOMINIUM I DEVELOPMENT, L.L.C.					
Principal Place of Business 2933 WEST S.R. 434 SUITE 101 LONGWOOD, FL 32779			Mailing Address 2933 WEST S.R. 434 SUITE 101 LONGWOOD, FL 32779		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0845400	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Royall, H. J. Jr. Street Address (P.O. Box Number is Not Acceptable) 2933 West SR 434, Suite 101 City Longwood FL Zip Code 32779		
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 		H.J. Royall Jr.		DATE 3-31-04	
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	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROYALL, H. J		NAME		
STREET ADDRESS	2933 WEST S.R. 434, SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		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		
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.					
SIGNATURE: 		H.J. Royall Jr.		DATE 3-31-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # 407-774-0303	

