* 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000022701 Entity Name NORTH ORANGE CONDOMINIUM I, L.L.C.



FILED
Apr 27, 2006 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

01302006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0845403

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROYALL, H.J. JR 2933 WEST SR 434, SUITE 101 LONGWOOD, FL 32779

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			1		
	The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its register	ed office or registered agent, or both	o, in the State of Florida.	l am familiar with, and accept
SIC	NATURE Signature, typed or printed name of registered agent and titl	is if applicable (NOTE, Registere	d Agent signature required when re natating)	D	AŢĒ
	Filing Fee is \$50.00 Due by May 1, 2006				724

9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR				
NAME	ROYALL, H.J. JR				
STREET ADDRESS	2933 WEST S.R. 434, SUITE 101				
CITY-ST-ZIP	LONGWOOD, FL 32779				
TATLE					
NAME		-			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					

U00000537710 05/09/06-80028-018 50.00

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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.
	limited liability company or the receiver or trustee empowered a execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

HJ-Ryol Jr

4-)54

402-774600

Date

Dzytime Phone #