

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

04-19-2005 90029 022 ****50.00

DOCUMENT # L04000068067 1. Entity Name TRACT 27 AIPO, L.L.C.					
Principal Place of Business 3222 CORRINE DRIVE ORLANDO, FL 32803 US			Mailing Address 3222 CORRINE DRIVE ORLANDO, FL 32803 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR 1150 LOUISIANA AVENUE SUITE 4 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above information is submitted 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 reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMM, DAVID R 3222 CORRINE DRIVE ORLANDO, FL 32803		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JORDAN, JOHN P 1500 TRADEPORT DRIVE, SUITE B ORLANDO, FL 32824		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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: <u>DAVID LAMM MANAGER</u> 4/8/05 407-898-2525 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					



03242005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1631201 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☒