

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90182 042 ****50.00

DOCUMENT # L04000087166

1. Entity Name
 ORANGE PROPERTIES-DAVIE, LLC



Principal Place of Business
 19877 ALLAIRE LANE
 FORT MYERS, FL 33908

Mailing Address
 19877 ALLAIRE LANE
 FORT MYERS, FL 33908



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01212005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number
 20-2168013

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLER, KATHLEEN P
 19877 ALLAIRE LANE
 FORT MYERS, FL 33908

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLER, KATHLEEN P			NAME			
STREET ADDRESS	19877 ALLAIRE LANE			STREET ADDRESS			
CITY - ST - ZIP	FORT MYERS, FL 33908			CITY - ST - ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICKLE, KEITH A			NAME			
STREET ADDRESS	1939 LINCOLN DRIVE			STREET ADDRESS			
CITY - ST - ZIP	SARASOTA, FL 34236			CITY - ST - ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICKLE, KENNETH B			NAME			
STREET ADDRESS	3316 DREXELL HILL COURT			STREET ADDRESS			
CITY - ST - ZIP	APEX, NC 27539			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: Kathleen P. Eller Kathleen P. Eller 2-10-05 (239) 267-8655
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #