

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

Zip

Country

Zip

Country

4. FEI Number

20-2168013

Applied For

Not Applicable

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required with non-resident)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME ELLER, KATHLEEN P  
STREET ADDRESS 19877 ALLAIRE LANE  
CITY- ST- ZIP FORT MYERS FL 33908

TITLE ☐ Change ☐ Addition  
NAME 000000824714  
STREET ADDRESS 02/20/08-80090-008 143.75  
CITY- ST- ZIP

TITLE MGR ☐ Delete  
NAME PICKLE, KEITH A  
STREET ADDRESS 1939 LINCOLN DRIVE  
CITY- ST- ZIP SARASOTA FL 34236

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE MGR ☐ Delete  
NAME PICKLE, KENNETH B  
STREET ADDRESS 3316 DREXEL HILL CT  
CITY- ST- ZIP APEX NC 27539

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:** *Kathleen P. Eller* **KATHLEEN P. ELLER** **2-8-08 (239)267-8655**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date City/State/Zip