
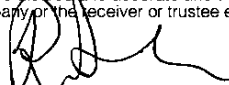


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90176 048 \*\*\*\*50.00

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| <b>DOCUMENT # L04000090198</b><br>1. Entity Name<br><b>WEST ORANGE REAL ESTATE HOLDINGS, LLC</b>  |   |   |   |  |   |
| Principal Place of Business<br><b>10820 WONDER LANE<br/>WINDERMERE, FL 34786</b>  |   |   | Mailing Address<br><b>10820 WONDER LANE<br/>WINDERMERE, FL 34786</b>  |   |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |   |
| City & State  |   | City & State  |   |   |   |
| Zip   | Country   | Zip   | Country   | 4. FEI Number<br><b>11-3737027</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | <b>\$5.00 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>FLECK, PETER<br/>10820 WONDER LANE<br/>WINDERMERE, FL 34786</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____   |   |   |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>      |   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |   | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>FLECK, PETER<br>10820 WONDER LANE<br>WINDERMERE, FL 34786                | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HUSSEY, JOHN<br>13123 LUNTZ POINT LANE<br>WINDERMERE, FL 34786          | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>MACIEL, MARC<br>12525 WESTFIELD LAKES CIRCLE<br>WINTER GARDEN, FL 34787 | <input checked="" type="checkbox"/> Delete                        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |   |   |   |   |
| <b>SIGNATURE:</b>    |   |   | 2/15/05 (407) 383-8042  |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |   | Date Daytime Phone #  |   |   |