

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090198

FILED
Jul 03, 2006
Secretary of State

Entity Name: WEST ORANGE REAL ESTATE HOLDINGS, LLC

Current Principal Place of Business:

10820 WONDER LANE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

10820 WONDER LANE
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 11-3737027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLECK, PETER
10820 WONDER LANE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

FLECK, PETER J
10820 WONDER LANE
WINDERMERE, FL 34786 US

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.

SIGNATURE: PETER J FLECK

07/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLECK, PETER
Address: 10820 WONDER LANE
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM (X) Delete
Name: HUSSEY, JOHN
Address: 13123 LUNTZ POINT LANE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLECK, PETER J
Address: 10820 WONDER LANE
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER J FLECK

PRES

07/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date