

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000045717**

1. Entity Name  
PORT ORANGE APARTMENT ASSOCIATES III, L.L.C.



Principal Place of Business  
753 E. GLENN AVENUE  
AUBURN, AL 36831

Mailing Address  
753 E. GLENN AVENUE  
AUBURN, AL 36831



04122007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3756315

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BUILDER, J. LINDSAY JR,ESQ  
369 N. NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000729093  
05/08/07-80025-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SHANNON, MICHAEL V
STREET ADDRESS	753 E. GLENN AVENUE
CITY-ST-ZIP	AUBURN, AL 36831
TITLE	MGR
NAME	BUSH, DOUGLAS C
STREET ADDRESS	4203 S. VINELAND ROAD, STE. K-13
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Michael V Shannon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/17/07*

Date

*334/821-0928*

Daytime Phone #