

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90355 015 ****50.00

DOCUMENT # L05000068364

1. Entity Name
ORANGE CITY VILLAGE, LLC



Principal Place of Business
**C/O AI GROUP, LLC
2574 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763**

Mailing Address
**C/O AI GROUP, LLC
2574 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



**1019 Town Center Drive
Orange City, Florida 32763**

**1019 Town Center Drive
Orange City, Florida 32763**

03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3240176

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WANAMAKER, JOHN CCIM
2574 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763**

7. Name and Address of New Registered Agent

Name
Wanamaker, John CCIM

Street Address (P.O. Box Number is Not Acceptable)

**1019 Town Center Drive
Orange City, Florida 32763**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.

in familiar with, and accept

SIGNATURE **John Wanamaker**
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
QUALITY COMMERCIAL DEVELOPERS, LLC
2574 S. VOLUSIA AVE.
ORANGE CITY, FL 32763**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1019 Town Center Dr.
Orange City, FL 32763**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 **John Wanamaker** **4/4/07** **386-775-8633**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #