

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

04-20-2007 90032 014 ****50.00

DOCUMENT # L05000100261 1. Entity Name CENTURY PLAZA OF PORT ORANGE, LLC	
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Principal Place of Business 5111 RIDGEWOOD AVENUE 300 PORT ORANGE, FL 32127	Mailing Address 5111 RIDGEWOOD AVENUE 300 PORT ORANGE, FL 32127
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01222007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4684940	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLARK, D. ANDREW
5111 RIDGEWOOD AVENUE
300
PORT ORANGE, FL 32127

**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 of individual or private natural registered agent and sole if applicable.

(NOTE: Registered Agent signature required when reappointing)

4/11/07
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, D. ANDREW 5111 RIDGEWOOD AVENUE, #300 PORT ORANGE, FL 32127
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**DO NOT WRITE
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 606, Florida Statutes.

SIGNATURE: _____

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

5/1/07
Date

Daytime Phone #