

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90273 006 \*\*\*138.75

**60018569**



<b>DOCUMENT # L06000090988</b> 1. Entity Name PORT ORANGE HOLDINGS, LLC					
Principal Place of Business 4315 METRO PARKWAY, SUITE 500 FT MYERS, FL 33916 US			Mailing Address 4315 METRO PARKWAY, SUITE 500 FT MYERS, FL 33916 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 30-0384066	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  NATIELLO, JOHN A 4315 METRO PARKWAY, SUITE 500 FT MYERS, FL 33916			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</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>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLQUIST, LAURA 4315 METRO PARKWAY, SUITE 500 FT MYERS, FL 33916	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVINGSTON, WILLIAM I ONE CORPORATE DR, SUITE 3A PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATIELLO, JOHN 4315 METRO PARKWAY, SUITE 500 FT MYERS, FL 33916	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, HEIDI 4315 METRO PARKWAY, SUITE 500 FT MYERS, FL 33916	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH, JEFFREY H 4315 METRO PARKWAY, SUITE 500 FT MYERS, FL 33916	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA LANDMARK COMMUNITIES, INC. 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>John Natello</u> <b>JOHN NATIELLO</b> <span style="float: right;">3/27/08 239-333-3300</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

# ATTACHMENT

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## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000090988 Continued

Port Orange Holdings, LLC

### Line 9 Continued

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HORVATH, MARGARET	
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

### Line 10 Continued

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	