

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-07-2008 90089 009 ***138.75

DOCUMENT # L07000077021

1. Entity Name

ORANGEWOOD PLAZA, LLC



Principal Place of Business

2069 FIRST ST - STE 305
FT MYERS FL 33901

Mailing Address

2069 FIRST ST - STE 305
FT MYERS FL 33901

30001628



1st MOORE

CR2E083 (10/07)

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

3. Mailing Address

ORANGEWOOD PLAZA, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

POST OFFICE BOX 1090

City & State

City & State

FORT MYERS FLORIDA

4. FEI Number

59-1807159

Applied For

Not Applicable

Zip

Country

Zip

33902

Country

LOO

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COURTNEY, DAN H
2069 FIRST ST - STE 305
FT MYERS FL 33901

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent's signature required when changing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME COURTNEY, DAN H
STREET ADDRESS 2069 FIRST ST - STE 305
CITY- ST- ZIP FT MYERS FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME COURTNEY, JOHN MICHAEL
STREET ADDRESS 2069 FIRST ST - STE 305
CITY- ST- ZIP FT MYERS FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

DAN H. COURTNEY

2/1/08

239-332-1676

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

Date

Telephone Number