

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90055 020 \*\*\*\*50.00

**DOCUMENT # L98000002311**

1. Entity Name  
**PORT ORANGE PROPERTIES, L.C.**

Principal Place of Business <b>1030 W. INTERNATIONAL SPEEDWAY BOULEVARD          DAYTONA BEACH FL 32114</b>	Mailing Address <b>C/O CHARLES WAYNE PROPERTIES, INC.          1030 W. INTERNATIONAL SPEEDWAY BOULEVARD          DAYTONA BEACH FL 32114</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>SUITE 201</b>	3. Mailing Address Suite, Apt. #, etc. <b>SUITE 201</b>
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3555957</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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

**TOWER, DEVIN  
 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD  
 DAYTONA BEACH FL 32114**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TOWER, DEVIN 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH FL 32114</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED DEVIN-TOWER **JANUARY 22, 2002** (386)238-3600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (9/01)