w35

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000002311

Entity Name
 PORT ORANGE PROPERTIES, L.C.

FILED Mar 31, 2005 8:00 am Secretary of State 03-31-2005 90128 001 ****50.00 20025678 03032005 CR2E083 (10/03) Chg-LLC 4. FEI Number Applied For 59-3555957 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Zip Code 32118 Make check payable to Florida Department of States HARLES TO ADDITIONS/CHANGES Change ☐ Addition Addition Change ☐ Addition ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐ Addition

Principal Place of Business Mailing Address 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD SUITE 201 SUITE 201 DAYTONA BEACH, FL 32114 US ". DAYTONA BEACH, FL 32114 2. Principal Place of Business 444 SEABREEZE BLVD 3. Mailing Address 444 SEABREEZE BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. STE 1000 STE 1000 City & State
DAYTONA BEACH, FL DAYTONA BEACH, FL ^{Zip}32118 Country ^{Zip}32118 Country 6. Name and Address of Current Registered Agent Name TOWER, DEVIN Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BLVD. 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH, FL 32114 STE: 1000 DAYTONA BEACH. 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 Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. MGRM TITLE ☐ Delete TITLE NAME TOWER, DEVIN NAME 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD 444 SEABREEZE BLVD. STE. 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY-ST-ZIP DAYTONA BEACH, FL 32118 ☐ Delete TITLE TITLE MGRM NAME NAME LICHTIGMAN, CHARLES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --444 SEABREEZE BLVD. STE. 1000 DAYTONA BEACH, FL 32118 ☐ Delete TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND THEO OR ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #