2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000002311

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

Principal Place of Business	Mailing Address
444 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118 US	444 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118 US

02222008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3555957 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LICHTIGMAN, CHARLES S
444 SEABREEZE BLVD
STE 1000
DAYTONA BEACH, FL 32118

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LICHTIGMAN, CHARLES
STREET ADDRESS	444 SEABREEZE BLVD, STE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	KONCHAN, SUZANNE
STREET ADDRESS	444 SEABREEZE BLVD STE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	AC INVESTORS LIMITED PARTNERSHIP
STREET ADDRESS	444 SEABREEZE BLVD STE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	LICHTIGMAN, ANNE L TR
STREET ADDRESS	444 SEABREEZE BLVD STE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000317085
05/13/08-80026-016 138.75

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 608, Florida Statutes.

SIGNATURE: C S Lichtigman — 4/18/08 — 386-238-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #