

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000004105

1. Entity Name
THE RESERVE AT PORT ORANGE, LLC



FILED

SEP 15 AM 9:23

Principal Place of Business

C/O MARK SARNA, SARNA ENTERPRISES
15 ENGLE STREET, SUITE 100
ENGLEWOOD, NJ 07631

Mailing Address

C/O MARK SARNA, SARNA ENTERPRISES
15 ENGLE STREET, SUITE 100
ENGLEWOOD, NJ 07631

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20068210



07082005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
75-3100969

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STORCH, GLENN D ESQ.
C/O STORCH & MORRIS, P.A.
420 SOUTH NOVA ROAD
DAYTONA BEACH, FL 32114

**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

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SARNA, MARK
15 ENGLE STREET, SUITE 100
ENGLEWOOD, NJ 07631

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09/20/05--01023--012 **50.00

**DO NOT WRITE
IN THIS SPACE**

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:

by: Mark Sarna

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

Date

Daytime Phone #