2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000000262 FILED LAKÉSIDE PORT ORANGE LLC 07 MAY -9 PM 1:07 SECRETARY OF STATE Principal Place of Business Mailing Address **400 EAST CARY STREET** 400 EAST CARY STREET RICHMOND, VA 23219 RICHMOND, VA 23219 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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, 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 May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE Member [X] Change Addition HARDING PARK, INC. DCO Holdings, Inc. NAME NAME 400 EAST CARY STREET STREET ADDRESS STREET ADDRESS 400 East Cary Street CITY-ST-ZIP RICHMOND, VA 23219 CITY-ST-ZIP Richmond, VA 23219 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 400103016264 05/22/07--01025--007 **10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 feceiver controlled. William J. Overby Assistant Vice President 4/26/07 804-819-1864 SIGNATURE: AMM OR PRINGED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone