2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2015
Secretary of State
CC4838821426

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Entity Name: LECESSE ORCHID PARK, LLC

Current Principal Place of Business:

650 S. NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

650 S. NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 47-1813546

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LECESSE DEVELOPMENT CORP.
650 S. NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701 US

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	P
Name	LECCESE, SALVADOR
Address	650 S. NORTHLAKE BLVD., SUITE 450
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	MGR
Name	LECESSE OP, LLLP
Address	650 S NORTHLAKE BLVD., SUITE 450
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	VP
Name	FLYNN, JOHN
Address	650 S NORTHLAKE BLVD., SUITE 450
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	MGR
Name	FK ORLANDO VENTURES I, LLC
Address	650 S NORTHLAKE BLVD., SUITE 450
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SALVADOR LECCESE PRESIDENT 04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date