

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005522

**Entity Name:** LRA ORLANDO, LLC**Current Principal Place of Business:**200 OCEAN CREST DRIVE  
SUITE 31 - LEGAL DEPT.  
PALM COAST, FL 32137**Current Mailing Address:**200 OCEAN CREST DRIVE  
SUITE 31 - LEGAL DEPT.  
PALM COAST, FL 32137**FEI Number:** 59-3651249**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TEE, VIRGINIA ESQ.  
200 OCEAN CREST DRIVE  
SUITE 31 - LEGAL DEPT.  
PALM COAST, FL 32137 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 MEMBER-MGR.  
Name LUBERT-ADLER REAL ESTATE FUND II, L.P.  
Address 200 OCEAN CREST DRIVE  
SUITE 31 - LEGAL DEPT.  
City-State-Zip: PALM COAST FL 32137

Title MEMBER-MGR.  
Name LUBERT-ADLER REAL ESTATE  
PARALLEL FUND II, L.P.  
Address 200 OCEAN CREST DRIVE  
SUITE 31 - LEGAL DEPT.  
City-State-Zip: PALM COAST FL 32137

Title MEMBER-MGR.  
Name LUBERT-ADLER REAL ESTATE FUND III, L.P.  
Address 200 OCEAN CREST DRIVE  
SUITE 31 - LEGAL DEPT.  
City-State-Zip: PALM COAST FL 32137

Title MEMBER-MGR.  
Name LUBERT-ADLER REAL ESTATE  
PARALLEL FUND III, L.P.  
Address 200 OCEAN CREST DRIVE  
SUITE 31 - LEGAL DEPT.  
City-State-Zip: PALM COAST FL 32137

Title MEMBER-MGR.  
Name LUBERT-ADLER CAPITAL REAL  
ESTATE FUND III, L.P.  
Address 200 OCEAN CREST DRIVE  
SUITE 31 - LEGAL DEPT.  
City-State-Zip: PALM COAST FL 32137

Title AR  
Name ACP-COMMUNITIES, LLC  
Address 200 OCEAN CREST DRIVE  
SUITE 31 - LEGAL DEPT.  
City-State-Zip: PALM COAST FL 32137

*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:** AMY WILDE

MGR/AR

04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date