2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000014512

1: Entity Name

ORANGE BLOSSOM INVESTMENT, L.L.C.



FILED Jan 11, 2008 08:00 AN Secretary of State

Principal Place of Business

4300 OKEECHOBEE RD FT PIERCE, FL 34947

Mailing Address

4800 N. FEDERAL HIGHWAY SUITE B205 BOCA RATON, FL 33431



01072008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	03-0464192
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Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and Ad	dress (of Current	Registered Agent

COMNET MANAGEMENT, INC. 4800 N. FEDERAL HIGHWAY

DO NOT WRITE

SUITE B205 BOCA RATON, FL 33431		IN THIS	SPACE
	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and thie if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE, NAME STREET ADDRESS CITY-ST-ZIP	MGR MAMANN, JACQUES- 9480 READCREST DRIVE BEVERLY HILLS, CA 90210		000000780528 14/08-80025-018 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOBBI, GIANFRANCO '529 FIFTH AVENUE 9TH FLOOR NEW YORK, NY 10017		tw.noi-00052-018-138-12
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			SPACE
TITLE	}	ä	englishi in ing menjadi ke

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 trusted empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR P SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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