2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L03000041672 1. Entity Name ORANGE BLOSSOM CREATIONS, LLC



FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90073 016 ****50.00

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|--|----------|---|--------------------------------|---|---|--------------------------|-------------------------------------|-----------------------|----------------------------|--------------------------------------|---|
| Principal Place of Business | | | Mailing Address | | | | 9.4 | 05752 | 5 | | |
| 1408-72ND AVE. NE ST PETERSBURG, FL 33702 | | 1408-72ND AVE. NE St Petersburg, Fl. 33702 | | | | 24057535 | | | | | |
| STITETISSUNG, FE 33/02 | | | ST FETENSBONG, FE S | 3702 | | į | I JESUSAN BO | | | 414 SIII 16515 No | |
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| City & State | | | City & State | | | | 4. FEI Numbe | er | | | oplied For ot Applicable |
| Zip | Country | | Zip Country | | try | | 5. Certificate | of Status Desired | | \$5.00 Add | |
| | 6. Name | and Address of Current F | Registered Agent | | | | 7. Name and | Address of Nev | v Registered | Agent | |
| I ANE SVI | V/A SI | | | Name | | | | | | | |
| LANE, SYLVIA H 1408-72ND AVE. NE ST PETERSBURG, FL 33702 | | | Street Address | | | ddress (F | (P.O. Box Number is Not Acceptable) | | | | |
| SIFCIEN | (3DOI(G, | | | | | | | | | | |
| | | | | | City | , | | | FL | Zip Cod | 8 |
| 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) OATE | | | | | | | | | | | |
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| | | is \$50.00 y 1, 2004 | | | | | | | ake check p ida Departm | | e |
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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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNA

CITY-ST-ZIP