

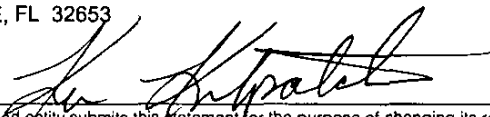



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90021 045 ****50.00

DOCUMENT # L05000102023					
1. Entity Name ORPINE LLC					
Principal Place of Business 5203 N.W. 49TH LANE GAINESVILLE, FL 32653			Mailing Address 5203 N.W. 49TH LANE GAINESVILLE, FL 32653		
2. Principal Place of Business 2605 S.W. 33rd Street <small>Suite, Apt. #, etc.</small> Suite #200 <small>City & State</small> Ocala, FL <small>Zip</small> 34474 <small>Country</small> USA		3. Mailing Address P.O. Box <small>Suite, Apt. #, etc.</small> <small>City & State</small> Ocala, FL <small>Zip</small> 34478 <small>Country</small> USA			
02022006		Chg-LLC		CR2E083 (11/05)	
4. FEI Number 55-0907470				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRKPATRICK, JOHN 5203 N.W. 49TH LANE GAINESVILLE, FL 32653 <i>X</i> 			7. Name and Address of New Registered Agent <small>Name</small> Kirkpatrick, Ken <small>Street Address (P.O. Box Number is Not Acceptable)</small> 2605 SW 33rd Street <small>City</small> Ocala, <small>FL</small> <small>Zip Code</small> 34474		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKPATRICK, JOHN 5203 N.W. 49TH LANE GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kirkpatrick, Ken 2605 SW 33rd St. Ocala, FL 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>X</i>  Ken Kirkpatrick			Date 2/2/06		Daytime Phone # 352/369-9881