2004 LIMITED LIABILITY COMPANY JAN 2 1 RECT

DOCUMENT # L93000000221 1. Entity Name ORANGE AVENUE DRENCH, L.C.					Feb 19, 2004 08:00 AM Secretary of State
	· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business Mailing Ad			ng Address		-
2000 N KINGS HWY P.O. DF FT PIERCE FL 34951 FORT P			DRAWER 670 RT PIERCE FL 34954		
1 1 1 1 1 1 1 1 1 1 1 1 1	L 34357	TOM TIEMETE	5 4554		a (455/1461) Mile missa 5555 455/15 455/11 456/11 (miss 455/2 455/15 775/2 775/2 775/2 775/2 775/2 775/2 77
2. Principal F	lace of Business	3. Mailing Address	Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #. etc.		MOORE CR2E083 (11/03)
Crty & State		City & State	City & State		4. FEI Number 65-0418747 Applied For Not Applicable
Zıp	Country	Zip	Coun	itry	5 Certificate of Status Desired \$5.00 Additional
	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent
				Name	
MINTON, JOHN L 2000 N KINGS HWY			Street Address	(P.O. Box Number is Not Acceptable)	
FT	PIERCE FL 34951				
				City	FL Zip Code
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 Represend Agent signature required when reinstituting) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department Due By May 1, 2004				· · · · · · · · · · · · · · · · · · ·	
9.	1	IBERS/MANAGERS	10.		ADDITIONS/CHANGES
TITLE NAME	MAN MINTON, JOHN L	☐ Delete	TITL NAM	ł	☐ Change ☐ Addition
STREET ADDRESS	2000 N KINGS HWY		a de	EET ADDRESS	U00000057818 02/20/04-80004-022 50.00
CITY-ST-ZIP TITLE	FT PIERCE FL 34951	Delete		r-ST-ZiP	Change Addition
NAME		□ Desemb	, AAM	Į.	
STREET ADDRESS CITY+ST-ZIP				EET ADDRESS (~ST-ZIP	
TILE		☐ Delete		- -	☐ Change ☐ Addition
NAME			NAV	ì	
STREET ADDRESS CITY+ST-ZIP				EET ADDRESS (-St-ZIP	
nice		☐ Delete	; IITL	E	☐ Change ☐ Addition
NAME STREET ADDRESS			NAN STR	NE EET ADORESS	
CITY-ST-ZIP		_,		1-ST-ZIP	
TITLE Delete TITLE			ſ	☐ Change ☐ Addition	
NAME STREET ADDRESS	}		NAN STR	ME EET ADDRESS	
CITY-ST-ZIP		<u></u>	2	r-ST-ZIP	
TITLE		☐ Delete	TITE NAN	l l	☐ Change ☐ Addition
NAME STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				r-ST-ZIP	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
I 11 Inerehv	certity that the information supplied:	with this filing does not au:	auty for lite exe	emption stated in S	lection 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.

SIGNATURE SIGNATURE AND TYPED OR MINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOHN L. MINTON, MGR

772-464-3502

Daytime Phone #