


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90029 004 ****50.00

DOCUMENT # M03000001826

1. Entity Name
NEW ORCHARD GROUP, LLC



Principal Place of Business
**82 S. BARRETT SQUARE
 2A
 ROSEMARY BEACH, FL 32461**

Mailing Address
**PO BOX 611296
 ROSEMARY BEACH, FL 32461**

60040947



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04232007 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

4. FEI Number
65-1167536

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FRANKLIN H. WATSON, P.A.
 5365 E. CTY. HWY 30-A, SUITE 105
 SEAGROVE BEACH, FL 32459**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

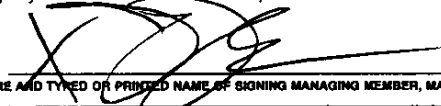
**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEITLIN, BRAD <input checked="" type="checkbox"/> Delete 82 S. BARRETT, SUITE 2A ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADLEY, STEVEN R <input checked="" type="checkbox"/> Delete 82 SOUTH BARRETT, SUITE 2A ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rison Group Inc. 82 S. Barrett Sq, Suite 2A Rosemary Beach FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BMT Capital LLC 82 S. Barrett Sq Suite 2A Rosemary Beach FL 32461
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"/> Change <input type="checkbox"/> Addition
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"/> 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: 

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

4/22/07 850-231-0850
Date Daytime Phone #