## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

| DOCUM | TIMEN      | #1 | 0000 | 0005      | 5999  |
|-------|------------|----|------|-----------|-------|
|       | VII 1 VI J | ** |      | $uuu_{-}$ | ,,,,, |

1. Entity Name
ORANGE ISLAND, LLC



Principal Place of Business

3001 OCEAN DR., STE 201 VERO BEACH, FL 32963 Mailing Address

3355 OCEAN DR. VERO BEACH, FL 32963



## DO NOT WRITE IN THIS SPACE

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

| i ingkinit err noith nafhi eann anna a | AIJA MASSI MBIBI MIIID INISD SEIID IDIBAS III INI |
|--|---|
| 01032007 No Chg-LLC                    | CR2E083 (11/05)                                   |

4. FEI Number
59-3694482

5. Certificate of Status Desired

Applied For
Not Applicable
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MICKLEY, ROD 3001 OCEAN DR., STE 201 VERO BEACH, FL 32963

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| <ol> <li>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.</li> </ol> |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| SIGNATURE_   | 100   | //3//  | 07   |  |  |  |
| GIGITATIONE  | Signature, typed or printed name of registered agent and title if applicable.   | (NOTE Registered Agent signature required when reinstating) DATE   |  |  |  |  |
| Fi<br>D  | iling Fee Is \$50.00<br>ue by May 1, 2007   |  |  |  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>MICKLEY, ROD<br>3001 OCEAN DR., STE 201<br>VERO BEACH, FL 32963  |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS (<br>CITY-ST-ZIP   |   | U00000620094<br>02/09/07-80022-  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | DO NOT WRITI   | <u> </u>   |  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |   | IN THIS SPACE  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |  |  |  |
| 11. I hereby of indicated limited lia  | certify that the information supplied with this filing does not<br>on this report is true and accurate and that my signature sl<br>bility company or the receiver privatee empowered to exe | qualify for the exemptions contained in Chapter 119, Florida Statutes. I further ce shall have the same legal effect as if made under oath; that I am a managing mer ecute this report as required by Chapter 608, Florida Statutes. | rtify that the information<br>nber or manager of the |  |  |  |