2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L00000011105

Entity Name: THE ORLEANS ROOM LLC

Current Principal Place of Business:

P. O. BOX 489
SARASOTA, FL 342300489

New Principal Place of Business:

Current Mailing Address:

46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 43-4767294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DEFELICE, L MARTIN
Address: 1620 MAIN STREET, #9
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DEFELICE, L MARTIN
Address: P. O. BOX 489
City-St-Zip: SARASOTA, FL 342300489

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: L. MARTIN DEFELICE P 04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date