#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011123

1. Entity Name
ORANGE AVENUE, LLC



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

1199 N. ORANGE AVE. ORLANDO, FL 32804

Mailing Address

1199 N. ORANGE AVE. ORLANDO, FL 32804



### DO NOT WRITE IN THIS SPACE

03282007 No Chg-LLC CR2

CR2E083 (11/05)

4. FEt Number 59-3671093

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, THOMAS R 1199 N. ORANGE AVE. ORLANDO, FL. 32804

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8.	The above named entity submits this statement for the purpose of changing it	s registered office or	registered agent, or t	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: Registered Agent signature required when reinstating)

DATE

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

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR POWELL, THOMAS R 1199 N. ORANGE AVE. ORLANDO, FL 32804 MGR BENNETT, CAMERON G	
STREET ADDRESS CITY-ST-ZIP	1199 N. ORANGE AVE. ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for		

U00000704856 04/23/07-80028-003 50.00

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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:

URE.
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/4/07

407897-850 Dayling Phone #