


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000006433</b> 1. Entity Name ORIOLE VILLAS, L.L.C.	
---	---

Principal Place of Business 8481 CROOM RITAL RD BROOKSVILLE, FL 34602	Mailing Address 8481 CROOM RITAL RD BROOKSVILLE, FL 34602
---	---



06302005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3730439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GASSMAN, ALAN S ESQ 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

U000000373903  
07/21/05-80004-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAROSA, WILLIAM R SR 8481 CROOM RITAL RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAROSA, DOROTHY C 8481 CROOM RITAL RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COOPER, SUSAN 8485 CROOM RITAL RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Susan Cooper 7/18/05 (352) 799-0086  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #