

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90033 002 ****50.00

DOCUMENT # L01000006433..

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**



04012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3730439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GASSMAN, ALAN S ESQ~~
~~1245 COURT STREET, SUITE 102~~
~~CLEARWATER, FL 33756~~

Oliver & Co, PA
18 North Broad St
Brooksville, FL 34601

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IN THIS SPACE**

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

Susan Cooper *Susan Cooper* *4/6/06*

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, 2006**

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

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE

Susan Cooper *4/6/06*