


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L01000006433</b> 1. Entity Name ORIOLE VILLAS, L.L.C.	
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Principal Place of Business 8481 CROOM RITAL RD BROOKSVILLE, FL 34602	Mailing Address 8481 CROOM RITAL RD BROOKSVILLE, FL 34602
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04102007No 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 <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  OLIVER & CO, PA 18 N BROAD ST BROOKSVILLE, FL 34601
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

000000706451  
04/24/07-80034-016 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	

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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: <u><i>Susan Cooper</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>4/11/07</u> (352) 799-0086 <small>Daytime Phone #</small>