

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022014

FILED
Aug 16, 2005
Secretary of State

Entity Name: ORANGE TREE FINANCIAL, LLC

Current Principal Place of Business:

6967 SUNSET DR. STE. 2
S. PASADENA, FL 33707 US

New Principal Place of Business:

1225 2ND STREET N.
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

6967 SUNSET DR. STE. 2
S. PASADENA, FL 33707 US

New Mailing Address:

1225 2ND STREET N.
ST. PETERSBURG, FL 33701 US

FEI Number: 80-0002564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, MICHAEL
6967 SUNSET DR. STE. 2
S. PASADENA, FL 33707 US

Name and Address of New Registered Agent:

THOMPSON, MICHAEL
1225 2ND STREET N.
ST. PETERSBURG, FL 33701 US

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: MICHAEL THOMPSON

08/16/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMPSON, MICHAEL
Address: 131 - 90TH AVENUE
City-St-Zip: ST. PETERSBURG, FL 33706 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMPSON, MICHAEL M
Address: 719 37TH AVE NE
City-St-Zip: ST. PETERSBURG, FL 33704 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL THOMPSON

MGR

08/16/2005

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