2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011509

1. Entity Name

ORANGE BLOSSOM RV RESORT, L.L.C.

Principal Place of Business	Mailing Address
3800 W. ORANGE BLOSSOM TRAIL (US 441) APOPKA FL 32712	3800 W. ORANGE BLOSSOM TRAIL (US 441) APOPKA FL 32712

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/05)

4. FEI Number 03-0463881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, MARK
3800 W. ORANGE BLOSSOM TRAIL (US 441)
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	DOUGLAS, MARK N	
STREET ADDRESS	3800 W. ORANGE BLOSSOM TRAIL (US-441)	
CITY-ST-ZIP	APOPKA FL 32712-5908	
TITLE	MGR	☐ Delete
NAME	HILL, NORA-GAYE	
STREET ADDRESS	3800 W. ORANGE BLOSSOM TRAIL (US-441)	
CITY-ST-ZIP	APOPKA FL 32712-5908	
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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NAME		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME	U00000432607	
STREET ADDRESS	02/23/06--80074--009 50.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mark Douglas   2/4/06   407 886-3260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #