

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90272 046 ****50.00

DOCUMENT # L02000030856 1. Entity Name ORCHID BEACH CLUB RESIDENCES, LLC																							
Principal Place of Business 1343 MAIN STREET, SUITE 602 SARASOTA, FL 34236			Mailing Address 1343 MAIN STREET, SUITE 602 SARASOTA, FL 34236																				
2. Principal Place of Business 240 S. Pineapple Ave Suite, Apt. #, etc. Ste 400 City & State Sarasota, FL Zip 34236		3. Mailing Address 240 S. Pineapple Ave Suite, Apt. #, etc. Ste 400 City & State Sarasota, FL Zip 34236		01192006 Chg-LLC CR2E083 (11/05)																			
4. FEI Number 05-0552214		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent TALLMAN, JAMES A 1343 MAIN STREET, STE 602 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 240 S. Pineapple Ave Ste 400 City Sarasota FL Zip Code 34236																				
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 (NOTE: Registered Agent signature required when renewing) DATE _____																							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ORCHID BEACH CLUB RESIDENCES MGMT. CO. LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1343 MAIN STREET, SUITE 602</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> <td></td> </tr> </table>			TITLE	MGRM	☐ Delete	NAME	ORCHID BEACH CLUB RESIDENCES MGMT. CO. LLC		STREET ADDRESS	1343 MAIN STREET, SUITE 602		CITY-ST-ZIP	SARASOTA, FL 34236		10. ADDITIONS/CHANGES ☐ Change ☐ Addition								
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CHECK ATTACHED
YOU HAVE ALREADY
RECEIVED THIS
FORM W/ OUR
CHECK; HOWEVER, A
SIGNATURE WAS
MISSING UPPER LEFT
CORNER. HERE IS
COMPLETED FORM.
DONNA

| 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 DATE _____ DAYTIME PHONE # _____ | | | | | |