## 2005 LIMITED LIABILITY COMPANY

## May 02, 2005 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # L03000006431 1. Entity Name ORANGE-CO, LLC Mailing Address Principal Place of Business 3003 TAMIAMI TRAIL NORTH, STE. 400 3003 TAMIAMI TRAIL NORTH, STE. 400 NAPLES, FL 34103 NAPLES, FL 34103 03232005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0050123 Not Applicable \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent ALHAMBRA REGISTERED AGENTS, INC. DO NOT WRITE 2 ALHAMBRA PLAZA, STE. 1202 CORAL GABLES, FL 33134 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, 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, 2005 - MANAGING MEMBERS/MANAGERS 9. MGR HITLE COLLIER, BARRON C II NAME STREET ADDRESS 3003 TAMIAMI TRAIL N # 400 CITY-ST-ZIP NAPLES, FL 34103 U00000358869 MGR TITLE 05/04/05-80132-005 50.00 COLLIER, MILES C NAME 3003 TAMIAMI TRAIL N # 400 STREET ADDRESS CITY - ST-ZIP NAPLES, FL 34103 TITLE MGR FLOOD, THOMAS J NAME STREET ADDRESS 3003 TAMIAMI TRAIL N # 400 DO NOT WRITE NAPLES, FL 34103 CITY-ST-ZIP IN THIS SPACE TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify 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 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 if the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

THOMAS J. FLOOD

**FILED**