


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90108 001 ***138.75
02-28-2008 90108 002 *****5.00

DOCUMENT # L03000035105	
1. Entity Name ORCHID ISLAND MANOR, L.L.C.	

Principal Place of Business 1914 21ST STREET VERO BEACH, FL 32960	Mailing Address 1914 21ST STREET VERO BEACH, FL 32960
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30000707



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1914 21st Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Vero Beach, FL	
Zip	Country	Zip 32960	Country Indian River

02252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3784431		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent NOVAK, DAVID P 849 20TH STREET VERO BEACH, FL 32960		
7. Name and Address of New Registered Agent Name Diane Lubrano Street Address (P.O. Box Number is Not Acceptable) 1914 21st Street City Vero Beach FL 32960		

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 *Diane Lubrano* DATE 2-26-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUBRANO, DIANE 1914 21ST STREET VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Diane Lubrano* DATE 2-26-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE