


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar-02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000007537</b> 1. Entity Name <b>COSCAN ORCHID GROVE, LLC</b>	
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Principal Place of Business <b>5555 ANGLERS AVENUE SUITE 1A FT. LAUDERDALE, FL 33312 US</b>	Mailing Address <b>5555 ANGLERS AVENUE SUITE 1A FT. LAUDERDALE, FL 33312 US</b>
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01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0655406</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FERRELL GROUP CORPORATE SERVICES, LLC 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131</b>
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**DO NOT WRITE  
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 \_\_\_\_\_  
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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PIAZZA, ALBERT 5555 ANGLERS AVENUE, SUITE 1A FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEAL, MIKE 5555 ANGLERS AVENUE, SUITE 1A FT. LAUDERDALE, FL 33312
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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:  **Albert C. Piazza, Manager** 1/10/06 (954) 620-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #