

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90036 047 \*\*\*\*50.00

**60035854**



<b>DOCUMENT # L04000007537</b>					
1. Entity Name COSCAN ORCHID GROVE, LLC					
Principal Place of Business 5555 ANGLERS AVENUE SUITE 1A FT. LAUDERDALE, FL 33312 US			Mailing Address 5555 ANGLERS AVENUE SUITE 1A FT. LAUDERDALE, FL 33312 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01152007 Chg-LLC CR2E083 (12/06) 4. FEI Number <b>20-0655406</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERRELL GROUP CORPORATE SERVICES, LLC 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131			Name <u>REGISTERED AGENTS OF FLORIDA, LLC</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 SE 2ND STREET, STE 2900</u> City <u>MIAMI</u> FL Zip Code <u>33131</u>		
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		Howard J. Vogel, Vice President		3/14/07	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIAZZA, ALBERT		NAME		
STREET ADDRESS	5555 ANGLERS AVENUE, SUITE 1A		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEAL, MIKE		NAME		
STREET ADDRESS	5555 ANGLERS AVENUE, SUITE 1A		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		3/20/07 (954) 620-1000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	