

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007537

FILED
Mar 13, 2009
Secretary of State

Entity Name: COSCAN ORCHID GROVE, LLC

Current Principal Place of Business:

5555 ANGLERS AVENUE
SUITE 1A
FT. LAUDERDALE, FL 33312 US

Current Mailing Address:

5555 ANGLERS AVENUE
SUITE 1A
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

79 SW 12TH STREET
2909
MIAMI, FL 33130 US

New Mailing Address:

P.O. BOX 1813
DANIA, FL 33004 US

FEI Number: 20-0655406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND ST
SUITE 2900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIAZZA, ALBERT
Address: 5555 ANGLERS AVENUE, SUITE 1A
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: MGR () Delete
Name: NEAL, MIKE
Address: 5555 ANGLERS AVENUE, SUITE 1A
City-St-Zip: FT. LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PIAZZA, ALBERT
Address: 79 SW 12TH STREET, STE. 2909
City-St-Zip: MIAMI, FL 33130 US

Title: MGR (X) Change () Addition
Name: NEAL, MIKE
Address: 79 SW 12TH STREET, STE. 290
City-St-Zip: MIAMI, FL 33130 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 PIAZZA

MGR

03/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date