

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000013557</b>	
1. Entity Name <b>ORANGE LAKE INVESTMENTS, LLC</b>	
Principal Place of Business <b>7101 CAPRI LANE PINELAND, FL 33945</b>	Mailing Address <b>P.O. BOX 420 PINELAND, FL 33945</b>



01112008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3899301</b>	Applied For 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**

**GUNDERSON, MIKO P ESQ.  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948-1088**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

1000000888762  
04/22/08-80027-017 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ANDRESS, NOEL 7101 CAPRI LANE PINELAND, FL 33945</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ANDRESS FAMILY FL, LP P.O. BOX 420 PINELAND, FL 33945</b>
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IN THIS SPACE**

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:** Noel Andress  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-24-08 (239)283-1717  
Date Daytime Phone #