

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000026477

1. Entity Name
TEAM ORANGE PROPERTIES, L.L.C.



Principal Place of Business
**2023 N. ATLANTIC AVENUE, #262
COCOA BEACH, FL 32931**

Mailing Address
**2023 N. ATLANTIC AVENUE, #262
COCOA BEACH, FL 32931**

000000587783



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0720125

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SALAZAR, DARLISSA K
1949 SUN VALLEY ST
TITUSVILLE, FL 32780**

**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

Darissa K. Salazar
Signature, typed or printed name of registered agent and date if applicable.

DARLISSA K. SALAZAR

(NOTE: Registered Agent signature required when reinstating)

1-9-07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SALAZAR, EDWARD
2023 N. ATLANTIC AVENUE, #262
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Edward H. Salazar

EDWARD H. SALAZAR

1-9-07

321-223-4920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #