

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000035893

1. Entity Name
ORLANDO HOME, LLC



Principal Place of Business
**4585 S.E. 48TH PLACE ROAD
OCALA, FL 34480 US**

Mailing Address
**4585 S.E. 48TH PLACE ROAD
OCALA, FL 34480 US**



01292006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1256207	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

**HERMAN, RICHARD
4585 S.E. 48TH PLACE ROAD
OCALA, FL 34480**

**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

Richard V. Herman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000546612
05/11/06-80122-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERMAN, RICHARD 4585 S.E. 48TH PLACE ROAD OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALPERT, RON 4585 S.E. 48TH PLACE ROAD OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WELLS, VALERIE 4585 S.E. 48TH PLACE ROAD OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERMAN, KAREN 4585 S.E. 48TH PLACE ROAD OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALPERT, ANN 4585 S.E. 48TH PLACE ROAD OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:

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

Date

Daytime Phone #

5/1/06 *352 3691949*