


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000038763 1. Entity Name ORCHID ON LONGBOAT KEY, LLC					
Principal Place of Business 308 13TH ST. W. BRADENTON, FL 34205			Mailing Address 3550 CORPORATE WAY, STE C DULUTH, GA 30096		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04182006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-1139471				<input type="checkbox"/> 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		
WILCOX, DAVID W 308 13TH ST. W. BRADENTON, FL 34205			Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301		
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 <i>Michelle R. Vannoy</i>		Michelle R. Vannoy, Asst. VP <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/21/06 <small>DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONGBOAT PARTNERS LLC 3550 CORPORATE WAY, STE. C DULUTH, GA 30096	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Crossgate Partners, LLC 3550 Corporate Way, Suite C Duluth, GA 30096
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <i>Randel Moore</i>		Randel Moore <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		4/18/06 <small>Date</small>	
				770-622-2121 <small>Daytime Phone #</small>	