

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90094 049 ****50.00

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| DOCUMENT # L04000071763 1. Entity Name CAPITAL ORANGE VENTURES, L.L.C. | | | | | |
| Principal Place of Business 27 RICHFIELD DRIVE LAKE PLACID, FL 33852 US | | | | Mailing Address 27 RICHFIELD DRIVE LAKE PLACID, FL 33852 US | |
| 2. Principal Place of Business 27 Ranier Drive Suite, Apt. #, etc. | | 3. Mailing Address 27 Ranier Drive Suite, Apt. #, etc. | | | |
| City & State Lake Placid, FL | | City & State Lake Placid, FL | | 4. FEI Number 08012006 Chg-LLC CR2E083 (11/05) | |
| Zip 33852 | | Country US | | Applied For <input checked="" 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 WILSON, CHARLES J III 27 RICHFIELD DRIVE LAKE PLACID, FL 33852 | | | |
| 7. Name and Address of New Registered Agent Name Wilson, Charles J III Street Address (P.O. Box Number is Not Acceptable) 27 Ranier Drive City Lake Placid FL 33852 | | 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WILSON, CHARLES J III <input type="checkbox"/> Delete 27 RICHFIELD DRIVE LAKE PLACID, FL 33852 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Wilson, Charles J III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27 Ranier Drive Lake Placid, FL 33852 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |