## **2006 LIMITED LIABILITY COMPANY**

## FILED Jul 28, 2006 8:00 am

ANNUAL REPORT						Secretary of State			
DOCUMENT # L04000085830							0072 008 ****50		
1. Entity Name     ORLANDO COMPANY LLC									
	OKLAND	O COMPANT LLC							
ŀ				(C) 87	<u> </u>				
l	Principal Place		Mailing Address	AD .					
l	301 WEST NINE MILE ROAD Suite 10		301 WEST NINE MILE ROAD SUITE 10						
l	PENSACOLA, FL 32534 US PENSACOLA, FL 32534 US				1   1   1   1   1   1   1   1   1   1	AN BENK BIBN PERN ABU ABU	II AAFAI AAIRA BIKRI KRIGA IISA AG		
ŀ	2. Principal Pl	ace of Business	3. Mailing Address	· / n1	<del>,  </del>				
3430 Summit 13 Nd			Suite Apt. #, etc.		<u>oʻ</u>		<b>        </b>	·· //( ··	
l	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0519200	6 Chg-LLC	CR2E083 (11/05)		
İ	City & State	colo II 32503	Dity & State	Florid	4. FEI Nun		<del>  [</del>	polied For	
P	reliza	COUNTY Country	revisacola zip	Country i		35621	\$5.00.44	ot Applicable	
L	3257	) Sescambia	32503	Escavil	7100	ate of Status Desired	Fee Require		
F		6. Name and Address of Current R	egistered Agent	Name	7. Name a	nd Address of New R	legistered Agent		
l		), JOSEPH P					<u> </u>		
301 WEST NINE MILE ROAD SUITE 10 PENSACOLA, FL 32534			Street Ad	Street Address (E.O. Box Number is Not Acceptable)					
			0,2						
			City P.	City Pensaco 6 FL Zip Code 32503					
ŀ		named entity submits this statement for	the purpose of changing its re	gistered office or	registered agent, or	both, in the State of Flo	orida. I am familiar with,	and accept	
l	the obligati	ions of registered agent.							
l	SIGNATURE .	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE: F	legistered Agent signatur	e required when reinstating)		DATE		
						34-16			
Filing Fee Is \$50.00 Due by September 6, 2006						Make check payable to Florida Department of State			
ŀ	9.	MANAGING MEMBER	RS /MANAGERS	10.		ADDITIONS	/CHANGES		
ŀ	TITLE	MGRM	Delete	TITLE		ADDITIONS	Change	Addition	
l	NAME	ORLANDO, JOSEPH T		NAME				<del></del>	
l	STREET ADDRESS	3036 DESERT STREET		STREET ADDRESS					
ŀ	CITY-ST-ZIP	PENSACOLA, FL 32514 MGRM		CITY-ST-ZIP			Change	☐ Addition	
١	TITLE NAME	ORLANDO, JOSEPH P	☐ Delete	TITLE NAME			E change	AOUIDON	
l	STREET ADDRESS	3036 DESERT STREET		STREET ADDRESS					
ļ	CITY-ST-ZIP	PENSACOLA, FL 32514		CITY+ST-ZIP					
ļ	TITLE NAME	MGRM MITCHELL, RICHARD A	Delete	TITLE NAME			☐ Change	Addition	
l	STREET ADORESS	5338 STAFFORD CIRCLE		STREET ADDRESS					
l	CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP					
	TITLE	MGRM	☐ Delete	TITLE			☐ Change	☐ Addition	
l	NAME STREET ADDRESS	MITCHELL, GARY W 4376 BAYOU RIDGE DRIVE		name Street address					
	CITY-ST-ZIP	PACE, FL 32574		CITY-ST-ZIP					
ļ	TITLE		☐ Delete	TITLE			☐ Change	Addition	
	NAME OVEREZ ADDRESSO			NAME CTREET ADDRESS					
	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
	STREET ADDRESS		☐ Delete	STREET ADDRESS			☐ Change	☐ 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #