206 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000090709

1. Entity Name
ORLANDO PROVISIONS, LLC



FILED Jul 19, 2006 8:00 am Secretary of State

07-19-2006 90093 039 ****50.00

Principal Place of Business

670 DELL RD CARLSTADT, NJ 07072

SIGNATURE: 也

Mailing Address

670 DELL RD CARLSTADT, NJ 07072



07142006 No Chg-LLC

CR2E083 (11/05)

Applied For Not Applicable

00	NOT	WRITE	IN TH	IS SP	ACE	4. FEI Number 20-2040109	
						20-2040109	

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

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.	Signature, typed or printed name of registered apont and title if applicable.	(NOTE: Registered Agent argnature required when reinstating)	7/14/06 DATE					
Filing Fee is \$50.00 Due by September 6, 2006								
9.	MANAGING MEMBERS/MANAGERS							
TITLE 1	MGR							
NAME	THUMANN, INC.							
STREET ADDRESS	670 DELL RD							
CITY-ST-ZIP	CARLSTADT, NJ 07072		i					
TITLE	em							
NAME	France Corner	j .						
STREET ADDRESS	7811 Kunggorute PKWY							
CITY-ST-ZIP	7810 Kingspointe PKWY							
TITLE								
NAME								
STREET ADDRESS		DO NOT W						
CITY-ST-ZIP		DO NOT W	KIIE					
TITLE		IN THIS SE	DACE					
NAME			ACE					
STREET ADDRESS								
CITY-ST-ZIP								
TITLE								
NAME								
STREET ADDRESS								
CITY-ST-ZIP								
TITLE								
NAME								
STREET ADDRESS		1						
CITY-ST-ZIP								
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.								