

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jul 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000030872

1. Entity Name
**ORANGE PEEL GAZETTE OF THE TREASURE COAST,
LLC**



Principal Place of Business
**2721 S. 10TH STREET
FORT PIERCE, FL 34982 US**

Mailing Address
**P.O. BOX 3526
FORT PIERCE, FL 34948**



07132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2592178	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WINCHESTER, FRANK R
2721 S. 10TH STREET
FORT PIERCE, FL 34982**

**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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

U00000769072
~~07/16/07-80012-025 50.00~~

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WINCHESTER, THAMIS C 2721 S. 10TH STREET FORT PIERCE, FL 34982
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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: *Thamis C. Winchester*

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

Date

Daytime Phone #

THAMIS C WINCHESTER 7/13/07
(772) 489-8005