

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90064 039 \*\*\*\*50.00

**DOCUMENT # L05000034507**

1. Entity Name  
**NEW ORCHARD PROPERTIES, LLC**



Principal Place of Business  
**8 GEORGETOWN AVENUE, SUITE 81, 1ST FLOOR  
ROSEMARY BEACH, FL 32461**

Mailing Address  
**P.O. BOX 611575  
ROSEMARY BEACH, FL 32461**



2.  
**82 S. Barrett Square, Suite 2A  
Rosemary Beach, FL 32461**

3.  
**PO Box 611296  
Rosemary Beach, FL 32461**

01312006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2888654**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ZEITLIN, BRAD  
8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR  
ROSEMARY BEACH, FL 32461**

**7. Name and Address of New Registered Agent**

Name  
Street Address **82 S. Barrett Square, Suite 2A  
Rosemary Beach, FL 32461**  
City Code

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 May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☐ Delete  
NAME **MOSAIC CAPITAL PARTNERS II, LLC**  
STREET ADDRESS **P.O. BOX 611575**  
CITY-ST-ZIP **ROSEMARY BEACH, FL 32461**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **Manager** ☒ Change ☐ Addition  
NAME **New Orchard Group, LLC**  
STREET ADDRESS **82 South Barrett Square, Suite 2A**  
CITY-ST-ZIP **Rosemary Beach, FL 32461**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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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.

**SIGNATURE:**

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

**3/30/06**

Date

**850.231.0852**

Daytime Phone #