

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037132

FILED
Apr 09, 2007
Secretary of State

Entity Name: ORCHID CIRCLE L.L.C.

Current Principal Place of Business:

5185 CONKLIN DRIVE
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5185 CONKLIN DRIVE
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 20-2798065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LISA I. GLASSMAN, P.A.
2627 NE 203RD STREET, SUITE 100
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAPPIN, LYNN
Address: 5185 CONKLIN DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGR () Delete
Name: HOCHBERG, BERNARD
Address: 24 BRINCKERHOFF AVENUE
City-St-Zip: FREEHOLD, NJ 07728

Title: MGR () Delete
Name: YAGED, MARTIN
Address: 11 APPALOOSA DRIVE
City-St-Zip: MANALAPAN, NJ 07726

Title: MGR () Delete
Name: BERTHIAUME, FRANK
Address: 2004 BRIDGEWOOD DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: MGR () Delete
Name: SAWYER, LAWRENCE
Address: 10 MIRADOR ROAD
City-St-Zip: DENVILLE, NJ 07834

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LYNN LAPPIN

M

04/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date