

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90014 043 ****50.00

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DOCUMENT # L05000056128 1. Entity Name ORCHID DELTRUST, LLC					
Principal Place of Business 1550 NE MIAMI GARDENS DRIVE, SUITE 405 NORTH MIAMI BEACH, FL 33179			Mailing Address 1550 NE MIAMI GARDENS DRIVE, SUITE 405 NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3145868	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROUSSO, MARK E 18851 NE 29TH AVENUE, SUITE 900 AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name Ron Davidson Street Address (P.O. Box Number is Not Acceptable) 1550 NE Miami Gardens Dr. Suite 400 City N. Miami Beach FL Zip Code 33179	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIDSON, RON 1550 NE MIAMI GARDENS DRIVE, SUITE 405 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ORGAD, IZHAK 1550 NE MIAMI GARDENS DRIVE, SUITE 405 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <i>[Signature]</i> RON DAVIDSON, MANAGER 4/5/06 (307) 947-1710					