

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062562

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** ORCHID INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

7554 LIVE OAK DRIVE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

7554 LIVE OAK DRIVE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 72-1606942      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

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: MGRM ( ) Delete  
Name: GARCIA, LUIS H  
Address: 7554 LIVE OAK DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR ( ) Delete  
Name: NAVARRETE, CLAUDIA  
Address: 7554 LIVE OAK DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

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: LUIS GARCIA

MGR

05/02/2006

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