
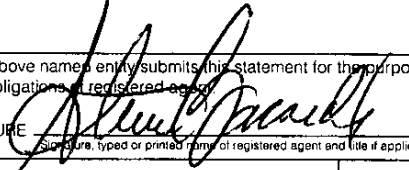
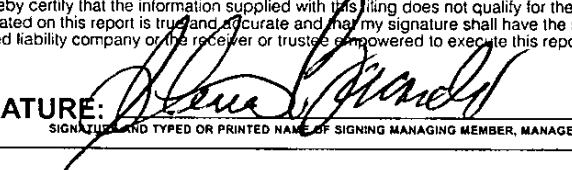


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000090989 1. Entity Name ORANGEBROOK ESTATES, LLC						FILED 06 MAR 14 PM 4:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3431 PINE RIDGE ROAD STE 101 NAPLES, FL 34103				Mailing Address 3431 PINE RIDGE ROAD STE 101 NAPLES, FL 34103			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WHITE, JOHN P 3431 PINE RIDGE ROAD STE 101 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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, the registered agent.				SIGNATURE:  DATE: 2/20/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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: MGR NAME: SEAHORSE COMMUNITIES, INC. STREET ADDRESS: 3575 BONITA BEACH ROAD CITY-ST-ZIP: BONITA SPRINGS, FL 34134				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: MGR NAME: ESTERO VERDE DEVELOPMENT COMPANY, LLC STREET ADDRESS: 314 EGRET AVENUE CITY-ST-ZIP: NAPLES, FL 34110				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: 				DATE: 2/20/06 DAYTIME PHONE #: 239-947-5898			