

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090989

FILED
Mar 26, 2009
Secretary of State

Entity Name: ORANGEBROOK ESTATES, LLC

Current Principal Place of Business:

2348 PINE STREET
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

2348 PINE STREET
NAPLES, FL 34112

New Mailing Address:

FEI Number: 20-4386619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLPEN, MICHAEL J
711 FIFTH AVENUE S. SUITE 201
C/O ROBINS KAPLAN MILLER E
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

THOMAS, KEVIN
2348 PINE STREET
NAPLES, FL 34112 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: KEVIN THOMAS

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAI ENTERPRISES, LLC
Address: 766 17TH AVE. S
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: ESTERO VERDE DEVELOPMENT COMPANY, LLC
Address: 314 EGRET AVENUE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KAI ENTERPRISES, LLC
Address: 2348 PINE STREET
City-St-Zip: NAPLES, FL 34112

Title: MGR (X) Change () Addition
Name: ESTERO VERDE DEVELOPMENT COMPANY, LLC
Address: 15970 SE 21ST AVE
City-St-Zip: SUMMERFIELD, FL 34491

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN THOMAS

MGR

03/26/2009

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