

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90199 008 ****50.00

DOCUMENT # L05000096028	
1. Entity Name ANTHONY ORANGE GROVE, LLC	

Principal Place of Business 3030 S. DIXIE HIGHWAY SUITE 5 WEST PALM BEACH, FL 33405-1539	Mailing Address 3030 S. DIXIE HIGHWAY SUITE 5 WEST PALM BEACH, FL 33405-1539
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1268311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SNED, WILLIAM H JR. 3030 S. DIXIE HIGHWAY SUITE 5 WEST PALM BEACH, FL 33405-1539	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	Zip Code FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SNED, WILLIAM H JR. 3030 S. DIXIE HIGHWAY #5 WEST PALM BEACH, FL 334051539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  **William H. Sned, Jr.** **2/27/06** **561/655-8631**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #