



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L05000096028 1. Entity Name ANTHONY ORANGE GROVE, LLC	
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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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DO NOT WRITE IN THIS SPACE



01102008 No Chg-LLC CR2E083 (12/07)

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

**SNED, WILLIAM H JR.
3030 S. DIXIE HIGHWAY
SUITE 5
WEST PALM BEACH, FL 33405-1539**

**DO NOT WRITE
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

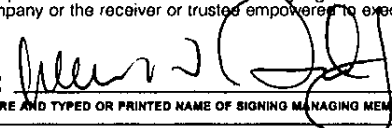
000000845267
03/13/08-80032-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SNED, WILLIAM H JR. 3030 S. DIXIE HIGHWAY #5 WEST PALM BEACH, FL 334051539
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IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____