2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000110401

1. Entity Name
ORCHID - PINE ISLAND, LLC

Principal Place of Business	Mailing Address
3613 DEL PRADO BLVD. CAPE CORAL, FL 33904	3613 DEL PRADO BLVD. CAPE CORAL, FL 33904

01202006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address PO Box 101526
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Cape Coral Fl

| 4. FEI Number 20 - 3805372 | Applied For / Not Applicable |

| Zip | Country | Zip 33910-1526 | Country USA |

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAYWOOD, STEPHEN W
3613 DEL PRADO BLVD.
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   **FL**   Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYWOOD, STEPHEN W 3613 DEL PRADO BLVD. CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _____   1/20/06.   239-945-1949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #