


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90066 019 \*\*\*\*50.00

DOCUMENT # L05000113725					
1. Entity Name ORANGE CAR MARKETING, LLC					
Principal Place of Business 3345 OLEANDER WAY GULF STREAM FL 33483			Mailing Address 3345 OLEANDER WAY GULF STREAM FL 33483		
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 20-4115897	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BALLERANO, JAMES A JR 1201 GEORGE BUSH BLVD DELRAY BEACH FL 33483			7. Name and Address of New Registered Agent Name Mary Katharine Street Address (P.O. Box Number is Not Acceptable) 3345 Oleander Way City Gulf Stream FL Zip Code 33483		
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 <i>Mary Katharine</i> Mary Katharine Registered Agent 4-14-06 <small>Signature, typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing initial statement.)</small>					
<div style="text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2006</b> </div>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KATHARINE, MARY 3345 OLEANDER WAY GULF STREAM FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Mary Katharine</i> Mary Katharine, MGR 4-14-06 (64)274-4712 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					