
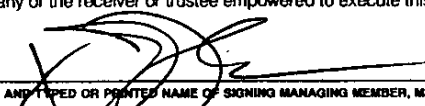


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90029 003 ****50.00

DOCUMENT # L06000014532 1. Entity Name NEW ORCHARD GROUP II, LLC					
Principal Place of Business 8 GEORGETOWN AVENUE SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461			Mailing Address 8 GEORGETOWN AVENUE SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461		
2. Principal Place of Business - No P.O. Box # 82 S. Barrett Sq		3. Mailing Address Po Box 611296			
Suite, Apt. #, etc. 2A		Suite, Apt. #, etc.			
City & State Rosemary Beach FL		City & State Rosemary Beach FL			
Zip 32461		Country US		Zip 32461	
Country US		4. FEI Number 20-4291777			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ZEITLIN, BRAD 8 GEORGETOWN AVENUE SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 82 S. Barrett Sq Suite 2A City Rosemary Beach FL Zip Code 32461		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BMC CAPITAL, LLC 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BMT Capital LLC 82 S. Barrett Sq Suite 2A Rosemary Beach FL 32461 <input checked="" 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	MGR Risdan Group Inc. 82 S. Barrett Sq Suite 2A Rosemary Beach FL 32461 <input type="checkbox"/> Change <input checked="" 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	
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	
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	
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 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: 			4/22/07 850.231.0850 Date Daytime Phone #		