

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90076 046 ***143.75

DOCUMENT # L06000017289 1. Entity Name THE ORANGE WAY LLC			
Principal Place of Business 4240 ANSON LANE APT 102 WINTER PARK, FL 32814		Mailing Address 4240 ANSON LANE APT #102 WINTER PARK, FL 32814	
2. Principal Place of Business - No P.O. Box # 1841 E. Winter Park Rd. Suite, Apt. #, etc.		3. Mailing Address 1841 E. Winter Park Rd. Suite, Apt. #, etc.	
City & State Winter Park, FL Zip 32789 Country U.S.		City & State Winter Park FL. Zip 32789 Country U.S.	
4. FEI Number 20-4388537		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		01262008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent COWHERD, CLAY 4240 ANSON LANE APT #102 WINTER PARK, FL 32814		7. Name and Address of New Registered Agent Name COWHERD, CLAY Street Address (P.O. Box Number is Not Acceptable) 1841 E. Winter Park Rd. City Winter Park FL Zip Code 32789	
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 _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, SAM 2111 MILL ROAD #109 ALEXANDRIA, VA 22314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 615 Edgewood Ave Newport, NC 28570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUGLAS, DAVE 1519 44TH STREET NW WASHINGTON, DC 20007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, CASEY 4240 ANSON LANE APT. #102 ORLANDO, FL 32814	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1841 E. Winter Park Rd. Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COWHERD, CLAY 4240 ANSON LANE APT #102 WINTER PARK, FL 32814	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1841 E. Winter Park Rd. Winter Park, FL 32789
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: <u>Sam Mw</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		15 Jan 2008 804-387-6988 <small>Date Daytime Phone #</small>	