
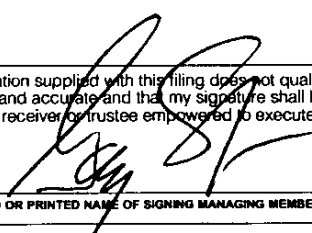


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90151 014 \*\*\*\*50.00

<b>DOCUMENT # L06000018169</b> 1. Entity Name <b>330 S. ORANGE, LLC</b>			
Principal Place of Business <b>1630 RINGLING BLVD.</b> <b>SARASOTA, FL 34236</b>		Mailing Address <b>1630 RINGLING BLVD.</b> <b>SARASOTA, FL 34236</b>	
2. Principal Place of Business - No P.O. Box # <b>330 S. ORANGE AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>330 S. ORANGE AVE</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34236</b>	Country <b>USA</b>	Zip <b>34236</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>SABA, RICHARD D</b> <b>2033 MAIN ST., STE. 303</b> <b>SARASOTA, FL 34237</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>TIBBETTS, DOUGLAS A</b> <b>1630 RINGLING BLVD.</b> <b>SARASOTA, FL 34236</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>330 S. ORANGE AVE</b> <b>SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>SILIGAR, GARY R</b> <b>P.O. BOX 130</b> <b>BOCA GRANDE, FL 33921</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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.			
<b>SIGNATURE:</b> 		Date <b>1/19/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4338943** Applied For Not Applicable

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