

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2007 90029 002 \*\*\*\*50.00

**DOCUMENT # L06000045883**

1. Entity Name  
**NEW ORCHARD RESORT SERVICES, LLC**



Principal Place of Business  
**P.O. BOX 611296  
ROSEMARY BEACH, FL 32461**

Mailing Address  
**P.O. BOX 611296  
ROSEMARY BEACH, FL 32461**



2. Principal Place of Business - No P.O. Box #

**82 S. Barrett Sq.**

3. Mailing Address

Suite, Apt. #, etc.  
**2A**

Suite, Apt. #, etc.

04232007 Chg-LLC CR2E083 (12/06)

City & State  
**Rosemary Beach FL**

City & State

4. FEI Number

**20-481106**

Applied For

Not Applicable

Zip  
**32461**

Country  
**US**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ZEITLIN, BRAD  
82 SOUTH BARRETT SQUARE  
SUITE 2A  
ROSEMARY BEACH, FL 32461**

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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ZEITLIN, BRAD  
82 SOUTH BARRETT SQUARE, SUITE 2A  
ROSEMARY BEACH, FL 32461** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BRADLEY, STEVE  
82 SOUTH BARRETT SQUARE, SUITE 2A  
ROSEMARY BEACH, FL 32461** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BMT Capital LLC  
82 S. Barrett Sq Suite 2A  
Rosemary Beach FL 32461** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Asdon Group Inc.  
82 S. Barrett Sq Suite 2A  
Rosemary Beach FL 32461** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/22/07**

**850-231-0850**

Date

Daytime Phone #