

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069744

FILED  
Feb 16, 2007  
Secretary of State

Entity Name: ORANGE CROWN HOLDINGS LLC

**Current Principal Place of Business:**

1531 PALM AVE.  
WINTER PARK, FL 32789

**New Principal Place of Business:**

1531 PALM AVE  
WINTER PARK, FL 32789

**Current Mailing Address:**

1531 PALM AVE.  
WINTER PARK, FL 32789

**New Mailing Address:**

P.O. BOX 1197  
WINTER PARK, FL 32790

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELLER, RYAN VON  
1531 PALM AVE.  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

VON WELLER, RYAN  
1531 PALM AVE.  
WINTER PARK, FL 32789 US

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.

SIGNATURE: RYAN VON WELLER

02/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WELLER, RYAN VON  
Address: 1531 PALM AVE.  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM ( ) Delete  
Name: KROLL, KEVIN  
Address: 1370 COLLEGE PT  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VON WELLER, RYAN  
Address: 1531 PALM AVE.  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RYAN VON WELLER

MGRM

02/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date