

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90177 048 ****50.00

DOCUMENT # L06000121880

1. Entity Name
ORANGE RIVER TREE FARM, LLC



Principal Place of Business
**4112 KINGSFIELD DRIVE
PARRISH, FL 34219**

Mailing Address
**4112 KINGSFIELD DRIVE
PARRISH, FL 34219**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

76-0846286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BIALOCK, WALTERS, HELD & JOHNSON PA
802 11TH STREET WEST
BRADENTON, FL 34205**

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 **MGRM** ☐ Delete
NAME **ROBINSON, WESLEY G**
STREET ADDRESS **4112 KINGSFIELD DRIVE**
CITY-ST-ZIP **PARRISH, FL 34219**

TITLE **VP** ☐ Delete
NAME **ROBINSON, WESLEY G**
STREET ADDRESS **4112 KINGSFIELD DRIVE**
CITY-ST-ZIP **PARRISH, FL 34219**

TITLE **MGRM** ☐ Delete
NAME **WALSH, MICHAEL C**
STREET ADDRESS **4112 KINGSFIELD DRIVE**
CITY-ST-ZIP **PARRISH, FL 34219**

TITLE **P** ☐ Delete
NAME **WALSH, MICHAEL C**
STREET ADDRESS **4112 KINGSFIELD DRIVE**
CITY-ST-ZIP **PARRISH, FL 34219**

TITLE **ST** ☐ Delete
NAME **PORRECA, KIM**
STREET ADDRESS **4112 KINGSFIELD DRIVE**
CITY-ST-ZIP **PARRISH, FL 34219**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kim Porreca

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

3-20-07

Date

941-737-5413

Daytime Phone #