

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

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**



04102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0846286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, WESLEY G 4112 KINGSFIELD DRIVE PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, WESLEY G 4112 KINGSFIELD DRIVE PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, MICHAEL C 4112 KINGSFIELD DRIVE PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, MICHAEL C 4112 KINGSFIELD DRIVE PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PORRECA, KIM 4112 KINGSFIELD DRIVE PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000895915
04/24/08-80087-019 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4-1-08

Date

863-207-2920

Daytime Phone #