2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

Apr 29, 2008 8:00 am Secretary of State DOCUMENT # L06000121982 1. Entity Name 04-29-2008 90031 022 ***138.75 ORCHARD DEVELOPERS, LLC Principal Place of Business Mailing Address 1004 ASPRI WAY 1004 ASPRI WAY PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/07) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicacle Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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 (NOTE: Registered Asient signature required when revisioning FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. . . TITLE MGR. 🗶 Change Addition MGR ☐ Deleia TITLE DORAN DONALD, D 1004 ASPRI WAY NAME NAME DORAN, DORAN D STREET ADDRESS 1004 ASPRI WAY STREET ADDRESS PALM BEACHGARDENS, FL. 33418 CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Addition MGR Delete THE THILE CANNON, DONNA M STREET ADDRESS STREET ADDRESS 3518B GARDENS EAST DRIVE CITY-ST-ZIP PALM BEACH GARDENS FL CITY-ST-ZIP Delete mu Change Addition NAME DORAN, LOUISE S NAME STREET ADDRESS STREET ADDRESS 1004 ASPRI WAY CITY-ST-ZIP CITY-ST-ZiP PALM BEACH GARDENS FL 33418 TITLE ☐ Change ☐ Addition TOTAL ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition THILE ☐ Delate NAME NAME

11. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.

CITY-ST-ZiP

STREET ADDRESS

SIGNATURE: MANAGING MEMBER, MANAGER, OR ALITHORIZED REPRESENTATIVE

STREET ADDRESS

CITY ST-ZIP

FILED