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

## Mar 05, 2008 8:00 am Secretary of State DOCUMENT # L07000068032 1. Entity Name 03-05-2008 90206 013 \*\*\*138.75 ORANGE HOME INVESTMENTS, LLC Principal Place of Business Mailing Address 8805 HAVASU DR ORLANDO FL 32829 8805 HAVASU DR ORLANDO FL 32829 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 Not Applicable Zip Country Zip Couritry \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DODGE, CHRIS E Street Address (P.O. Box Number is Not Acceptable) 8805 HAVASU DR ORLANDO FL 32829 City Zip Code FL 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 correct name of registered againt and title disopticable (NOTE: Registered Agent aignature required when reinstaling) 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. 10. MGRM ☐ Addition TITLE ☐ Delete TITLE Change CARONDELET CAR WASH, INC NAME NAME STREET ADDRESS 8805 HAVASU DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32829 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME DODGE, CHRIS E NAME STREET ADDRESS STREET ADDRESS 8805 HAVASU DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32829 Delete THLE Change ☐ Addition THEE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Delete TITLE ☐ Addition MAME DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZiP TITLE ☐ Delete TITLE Change: Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 path; that I am a managing member or manager of the limited liability company or the receiver or trustee enjoywered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE:

2-20-08

**FILED**