


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90174 005 \*\*\*143.75

<b>DOCUMENT # L07000115352</b>	
1. Entity Name ORANGE MILLENIA VENTURE, LLC	

Principal Place of Business ATTN: REAL ESTATE LAW GROUP 2455 PACES FERRY ROAD, C-20 ATLANTA, GA 30339-4024	Mailing Address ATTN: REAL ESTATE LAW GROUP 2455 PACES FERRY ROAD, C-20 ATLANTA, GA 30339-4024
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2. Principal Place of Business - No P.O. Box # <b>KADEN TOWER - 6TH FLOOR</b>	3. Mailing Address <b>KADEN TOWER - 6TH FLOOR</b>
Suite, Apt. #, etc. <b>6100 DUTCHMANS LANE</b>	Suite, Apt. #, etc. <b>6100 DUTCHMANS LANE</b>
City & State <b>LOUISVILLE, KY</b>	City & State <b>LOUISVILLE, KY</b>
Zip <b>40205</b>	Country <b>USA</b>



01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-1467421</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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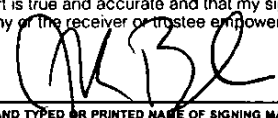
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOME DEPOT U.S.A., INC. 2455 PLACES FERRY ROAD, C-20 ATLANTA, GA 303394024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR J. MARK BLIEDEN 6100 DUTCHMANS LANE - 6TH FLOOR LOUISVILLE, KY 40205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **J. MARK BLIEDEN** **3-27-08** **502-456-1999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #