

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121077

FILED
Aug 11, 2008
Secretary of State

Entity Name: ORANGE REALTY ASSOCIATES, LLC

Current Principal Place of Business:

300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134

New Principal Place of Business:

14707 S. DIXIE HWY
SUITE 320
MIAMI, FL 33176

Current Mailing Address:

300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134

New Mailing Address:

14707 S. DIXIE HWY
SUITE 320
MIAMI, FL 33176

FEI Number: 26-1519795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORREA, MARTA A
300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CORREA, MARTA A
14707 S. DIXIE HWY
SUITE 320
MIAMI, FL 33176 US

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.

SIGNATURE: MARTA A. CORREA

08/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORREA, MARTA A
Address: 300 SEVILLA AVENUE, SUITE 201
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGM (X) Change () Addition
Name: CORREA, MARTA A
Address: 14707 S. DIXIE HWY STE 320
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTA A. CORREA

MGM

08/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date