2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025630

Entity Name: ORCHID LAKE GP, LLC

FILED Jan 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1101 WEST HIBISCUS BOULEVARD

SUITE 204

MELBOURNE, FL 32901

Current Mailing Address: New Mailing Address:

1101 WEST HIBISCUS BOULEVARD SUITE 204 MELBOURNE, FL 32901

FEI Number: 26-2155696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAMOND HOUSING PARTNERS, LLC 1101 WEST HIBISCUS BOULEVARD SUITE 204 MELBOURNE, FL 32901 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

Name:SANDELL, RENEEName:Address:1101 WEST HIBISCUS BOULEVARD, STE 204Address:City-St-Zip:MELBOURNE, FL 32901City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 STRAKA, CHRISTOPHER J
 Name:

 Address:
 1101 WEST HIBISCUS BOULEVARD, STE 204
 Address:

 City-St-Zip:
 MELBOURNE, FL 32901
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 N VISION COMMUNITIES, , INC.
 Name:

 Address:
 P.O. BOX 164
 Address:

 City-St-Zip:
 MELBOURNE, FL 32902
 City-St-Zip:

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: RENEE SANDELL MGRM 01/30/2009