2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

May 02, 2005 8:00 am Secretary of State 05-02-2005 90098 004 ****50.00 DOCUMENT # L99000007435 ORANGEWOOD HOLDINGS, L.L.C. 20052047 Mailing Address Principal Place of Business 1819 MAIN STREET, SUITE 610 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 65-0998614 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORTON, SAM D 1819 MAIN STREET, SUITE 610 Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 Zip Code 8. The above named editiv 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 printed name of registered egent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) ر مر تر Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR TITI F ☐ Delete Change ■ Addition ROCDEY, INC. NAME 3301 WHITFIELD AVE. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SARASOTA, FL 34243 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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 exemption stated in Section 119.07(3)(i), 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 empewered to execute this report as required by Chapter 608, Florida Statutes. 941-907-9044 SIGNATURE: Daytime Phone # MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED