2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

06 941-907-9044

DOCUMENT # L9900007435 1. Entity Name ORANGEWOOD HOLDINGS, L.L.C.						04-17-2006 9		6 ****50).00
Principal Plac		Mailing Address					. .		
1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236		1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236			20031355				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006	Chg-LLC	CR2E08	33 (11/05)		
City & State		City & State		4. FEI Numbe 65-099				plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New R	egistered A	gent	
NODTON	CAMP			Name					
NORTON, SAM D 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236				Street Address	(P.O. Box Numbe	er is Not Acceptable	•)		
				City			FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or bot	h, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	: Registere	d Agent signature require	ed when reinstating)	.=	DATE		
	iling Fee is \$50.00 ue by May 1, 2006					Make check payable to Florida Department of State			
9.	MANAGING MEMBER	S/MANAGERS	10.		l	ADDITIONS/	CHANGES		
TITLE	MGR	Delete	TITLE			, serious,	0, 1, 4, 4020	☐ Change	Addition
NAME STREET ADDRESS	ROCDEY, INC.		NAM	E Et address					
STREET ADDRESS CITY-ST-ZIP	3301 WHITFIELD AVE. SARASOTA, FL 34243			-ST-ZIP					
TITLE		☐ Delete	TITLE	i				☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	E Et address					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	រោប					☐ Change	Addition
NAME OVERET ADODESS			NAM	E Et adoress					
STREET ADDRESS CITY-ST-ZIP			- 6	-ST-ZIP					
TITLE		☐ Delete	titu					☐ Change	Addition
NAME			NAM	l l					
STREET ADDRESS CHY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITL					☐ Change	☐ Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITL					☐ Change	Addition
NAME			NAM						
STREET ADDRESS				ET ADDRESS - S1 - Z1P					
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify to	r the eve	motions containe	d in Chapter 119	Florida Statutes 1 fr	irther certify	that the info	rmation
indicated	certify that the information supplied with don this report is true and accurate and ability company or the receiver or trustee	that my signature shall have	the sam	e legal effect as if	made under oath	that I am a manag	ging membe	r or manage	r of the

SIGNATURE:

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

Steven E. Baker, Sievelary of Rocally, ITC.