2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008997

1. Entity Name
NEW ORANGE, L.L.C.

Principal Place of Business	Mailing Address
2410 SE BRIDGE ROAD HOBE SOUND, FL 33455	2410 SE BRIDGE ROAD HOBE SOUND, FL 33455

02052004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0978919
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTYN, CHARLES P III
2410 SE BRIDGE ROAD
HOBE SOUND, FL 33455

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U08000116803
04/16/04-80080-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GINN, SHANNON R
STREET ADDRESS	701 US #1, STE. 402
CITY-ST ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	BILLS, JOHN C
STREET ADDRESS	2410 SE BRIDGE ROAD
CITY-ST ZIP	HOBE SOUND, FL 33455
TITLE	MGRM
NAME	MARTYN, CHARLES P III
STREET ADDRESS	2410 SE BRIDGE ROAD
CITY-ST ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Pamela J King, Sec 4/14/04 561-746-3467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Pamela J. King, Sec.