


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90593 031 ****50.00

DOCUMENT # L99000008997	
1. Entity Name NEW ORANGE, L.L.C.	

Principal Place of Business 2410 SE BRIDGE ROAD HOBE SOUND, FL 33455	Mailing Address 2410 SE BRIDGE ROAD HOBE SOUND, FL 33455
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2. Principal Place of Business 218 So. US Hwy One Suite, Apt. #, etc. Suite 300 City & State Tequesta, FL Zip 33469 Country USA	3. Mailing Address 218 So. US Hwy One Suite, Apt. #, etc. Suite 300 City & State Tequesta, FL Zip 33469 Country USA
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02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0978919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 218 So US Hwy One, Ste 300 City Tequesta FL Zip Code 33469
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GINN, SHANNON R 701 US #1, STE. 402 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILLS, JOHN C 2410 SE BRIDGE ROAD HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2401 PGA Blvd, Ste 280 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTYN, CHARLES P III 2410 SE BRIDGE ROAD HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 218 So. US Hwy One, Ste 300 Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shannon R. Ginn Date: 2/23/05 Daytime Phone #: 561-746-4546

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