

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000008997

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



Principal Place of Business
218 SO US HWY ONE STE 300
TEQUESTA, FL 33469

Mailing Address
218 SO US HWY ONE STE 300
TEQUESTA, FL 33469



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0978919	Applied For 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
218 SO US ONE STE 300
TEQUESTA, FL 33469

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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	2401 PGA BLVD STE 280
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

TITLE	MGRM
NAME	MARTYN, CHARLES P III
STREET ADDRESS	218 SO US HWY ONE STE 300
CITY-ST-ZIP	TEQUESTA, FL 33469

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000669180
03/27/07-80060-016 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

3/1/07

Date

(561) 346-8882

Daytime Phone #