


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000009248 1. Entity Name ORANGE ROSE, LLC	
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Principal Place of Business 3218 W AZEELE STREET TAMPA, FL 33609	Mailing Address 3218 W AZEELE STREET TAMPA, FL 33609
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07192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3615108	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 MILLER, JEFFREY HER L MDPA 3218 WEST AZEELE STREET TAMPA, FL 33609
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORANGE BLOSSOM TRUST C/O FIRST FIDELITY TR R.G. SOLOMON ARCADE, STE. #11 MAIN ST. CHARLESTOWN, NEVIS W. INDIES.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSIES TRUST C/O FIRST FIDELITY TRUST LTD R.G. SOLOMON ARCADE #11 MAIN STREET CHARLESTOWN, NEVIS W. INDIES.
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07/31/07-80003-025 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

Date

Daytime Phone #