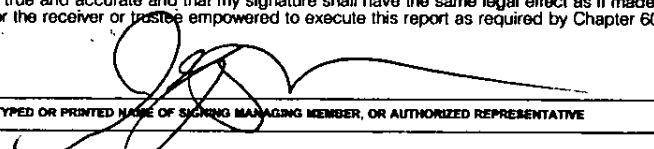


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L99000009248		
1. Entity Name ORANGE ROSE, LLC		
Principal Place of Business 3218 W AZEELE STREET TAMPA, FL 33609		Mailing Address 3218 W AZEELE STREET TAMPA, FL 33609
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-3615108		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		
MILLER, JEFFREY HER L MDPA 3218 WEST AZEELE STREET TAMPA, FL 33609		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 _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
U00000860494 04/02/08-80066-002 138.75		
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,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  3/11/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		