


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90064 043 \*\*\*\*50.00

<b>DOCUMENT # M03000003124</b> 1. Entity Name <b>NEW ORCHARD HOLDINGS, LLC</b>			
Principal Place of Business <b>8 GEORGETOWN AVE STE A ROSEMARY BEACH, FL 32461</b>		Mailing Address <b>PO BOX 611575 ROSEMARY BEACH, FL 32461</b>	
2.  <b>82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461</b>		3.  <b>PO Box 611296 Rosemary Beach, FL 32461</b>	
4. FEI Number <b>20-0197116</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ZEITLIN, BRAD 8 GEORGETOWN AVE, STE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461</b>		7. Name and Address of New Registered Agent Name _____ Street A <b>82 S. Barrett Square, Suite 2A</b> <b>Rosemary Beach, FL 32461</b> City _____ Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MOAIC CAPITAL PATNERS II, LLC 8 GEORGETOWN AVE STE A ROSEMARY BEACH, FL 32461</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Manager New Orchard Group, LLC 82 South Barrett Square, Suite 2A Rosemary Beach, FL 32461</b> <input checked="" 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
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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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>3/31/06</b> <b>850.231-0850</b> <small>Date Daytime Phone #</small>	