


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90259 036 ****50.00

DOCUMENT # M04000003495	
1. Entity Name REDFISH VILLAGE, LLC	

Principal Place of Business PO BOX 611296 ROSEMARY BEACH, FL 32461	Mailing Address 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461
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2. Principal Place of Business - No P.O. Box # 82 S. BARRETT SQUARE	3. Mailing Address PO BOX 611296
Suite, Apt. #, etc. SUITE 2A	Suite, Apt. #, etc.

City & State ROSEMARY BEACH, FL	City & State ROSEMARY BEACH, FL
Zip 32461	Zip 32461
Country WALTON	Country WALTON



04162007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent ZEITLIN, BRAD 82 S. BARRETT SQUARE, SUITE 2A ROSEMARY BEACH, FL 32461	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

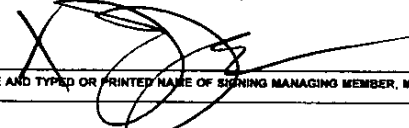
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEW ORCHARD GROUP, LLC 82 SOUTH BARRETT SQUARE, SUITE 2A ROSEMARY BEACH, FL 32461 <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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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: 	4/16/07	850-231-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #