

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-03-2006 90061 001 ****50.00

DOCUMENT # M05000001193

1. Entity Name
VIENTO BEACH, LLC



Principal Place of Business
**8 GEORGETOWN AVENUE, STE. 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461**

Mailing Address
**8 GEORGETOWN AVENUE, STE. 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461**

2. Principal Place of Business

3. Mailing Address

**PO Box 611296
Rosemary Beach, FL 32461**

Suite, Apt. #, etc.

City & State

Zip

Country

03302006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2375691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZEITLIN, BRAD
8 GEORGETOWN AVENUE, STE. 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461**

7. Name and Address of New Registered Agent

Name

Street **82 S. Barrett Square, Suite 2A (le)
Rosemary Beach, FL 32461**

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

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **MOSA** ☐ Delete
STREET ADDRESS **MOSAIC CAPITAL PARTNERS II, LLC**
CITY-ST-ZIP **P.O. BOX 611575
ROSEMARY BEACH, FL 32461**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

Manager ☒ Change ☐ Addition
NAME **New Orchard Group, LLC**
STREET ADDRESS **82 South Barrett Square, Suite 2A**
CITY-ST-ZIP **Rosemary Beach, FL 32461**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3.31.06

Date

850.231.0850

Daytime Phone #