

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


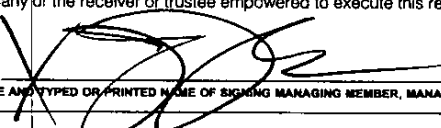
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Apr 26, 2007 8:00 am
Secretary of State

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04162007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M05000001193					
1. Entity Name VIENTO BEACH, LLC					
Principal Place of Business P O BOX 611296 ROSEMARY BEACH, FL 32461			Mailing Address 8 GEORGETOWN AVENUE, STE. 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461		
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		Country WALTON		Zip 32461	
		Country WALTON		4. FEI Number 20-2375691	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent ZEITLIN, BRAD 82 S BARRETT SQUARE STE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEW ORCHARD GROUP, LLC 82 S BARRETT SQUARE STE 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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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.					
SIGNATURE: 			4/16/07 850-231-0850		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		