2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000005143

1. Entity Name



FILED Jan 16, 2008 8:00 am Secretary of State

01-16-2008 90080 039 ***138.75

ORANGE	STREET PROPERTY MA	NAGEMENT, LLC		
Principal Place of Business 1816 WOOD THRUSH WAY PALM HARBOR, FL 34683		Mailing Address 1816 WOOD THRUSH WAY PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	t Registered Agent	Name	7. Name and Address of New Registered Agent
BOESCH, MICHAEL 1816 WOOD THRUSH WAY PALM HARBOR, FL 34683				ess (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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.7	5		Make check payable to Florida Department of State
9.	MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOESCH, MICHAEL 1816 WOOD THRUSH WAY PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

1/14/08 727-441-3474