


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000011753**  
 1. Entity Name  
**O.R. BUSINESS CENTER, LLC**



Principal Place of Business 35 OCEAN REEF DRIVE, SUITE #200 KEY LARGO, FL 33037	Mailing Address 35 OCEAN REEF DRIVE, SUITE #200 KEY LARGO, FL 33037
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**DO NOT WRITE IN THIS SPACE**



01272004No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-1042993</b>	Applied For 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**  
 LUBAN, KENNETH A  
 35 OCEAN REEF DRIVE, SUITE #200  
 KEY LARGO, FL 33037

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004**

L00000042014  
 02/10/04-80006-008 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMGR ASTBURY, PAUL M 35 OCEAN REEF DRIVE, C-300 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMGR DUNCAN, JACK 35 OCEAN REEF DRIVE, C-300 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUBAN, KENNETH A 35 OCEAN REEF DRIVE, SUITE #200 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ANDERSON, SUZANNE C 35 OCEAN REEF DRIVE, SUITE #200 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Kenneth A. Luban**      **1/27/2004**      **305.367.5850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #