


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 30, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # L04000029377	
1. Entity Name ORCA CONSULTING, LLC	

Principal Place of Business 7376 C.R. 710 CENTER HILL, FL 33514 US	Mailing Address PO BOX 121043 CLERMONT, FL 34712-1043 US
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DO NOT WRITE IN THIS SPACE



07312006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 51-0508993	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

MARCHBANKS, LAWRENCE J  
 110 CLEVELAND AVENUE  
 WILDWOOD, FL 34785

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8. The above named entry 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 September 6, 2006**

U00000575671  
08/30/06-80004-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMB, ROBERT C 7376 C.R. 710 CENTER HILL, FL 33514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHACKLETT, ALAN 424 5TH STREET CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:** *Robert Lamb* Robert C. Lamb 8/28/06 352-303-1650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #