

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
May 16, 2008 8:00 am
Secretary of State

04-15-2008 90116 027 ***138.75

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|--|---|---------------------------------|---|--|--|
| DOCUMENT # L07000021572 1. Entity Name ORCO2, LLC | | | |  | |
| Principal Place of Business 3401 PGA BLVD, STE. 500 PALM BEACH GARDENS, FL 33410 US | | | Mailing Address 3401 PGA BLVD, STE. 500 PALM BEACH GARDENS, FL 33410 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KRASKER, PAUL A ESQ 625 N. FLAGLER DR 9TH FLOOR WEST PALM BEACH, FL 33401 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Joseph L. Perrotto 3401 PGA Blvd Ste 500 Palm Beach Gardens, FL 33410 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Michael Leighton MD 3401 PGA Blvd Ste 500 Palm Beach Gardens, FL 33410 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: <u>Joseph L. Perrotto</u> 4/1/08 561-307-0306 | | |