

# 2002 UNIFORM BUSINESS REPORT (UBR)

UBR 9903 AI

DOCUMENT # **A0000001333**

FILED

1. Entity Name

**ORION ATLANTIC, LTD.**

02 MAY -7 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **8401 COLESVILLE RD., STE. 504 SILVER SPRING MD 20910**  
Mailing Address: **145 NW CENTRAL PARK PLAZA, SUITE 101 PORT ST. LUCIE FL 34986**

2. Principal Place of Business: **1111 Louisiana Street**  
3. Mailing Address

Suite, Apt. #, etc.: **Houston**  
Suite, Apt. #, etc.

City & State: **Texas**  
City & State

Zip: **77002** Country: **USA**  
Zip: Country

**DUE BY MAY 1, 2002**

4. FEI Number: **522361910** **APPLIED FOR**  
Applied For / Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$761,282.00**  
10. Amount of Capital Contributions in FLORIDA to date.  
11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L00000010346**  
NAME **ORION ATLANTIC LLC**  
STREET ADDRESS **7 EAST REDWOOD STREET, 10TH FLOOR**  
CITY-ST-ZIP **BALTIMORE MD 21202**

STREET ADDRESS **1111 Louisiana Street**  
CITY-ST-ZIP **Houston Texas 77002**

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
STREET ADDRESS **800005637458--2**  
CITY-ST-ZIP **-05/29/02--01035--012**  
**\*\*\*526.25 \*\*\*526.25**

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
**FF \$526.25**

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CITY-ST-ZIP \_\_\_\_\_

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/25/2002** Daytime Phone # \_\_\_\_\_

CR2E003 (9/01)

STAPLE CHECK HERE