2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000009799

Entity Name
ORN 2 ENTERPRISES, LLC

Principal Place of Business	Mailing Address
JAMES R. POKORNY 50 LANDER ROAD PPER PIKE, OH 44124	% JAMES R. POKORNY 3550 LANDER ROAD PEPPER PIKE, OH 44124

DO NOT WRITE IN THIS SPACE

01162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
58-2565741

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

L CORPORATION SYSTEM
00 SOUTH PINE ISLAND ROAD
ANTATION, FL 33324

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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)

Filing Fee is $50.00
Due by May 1, 2006

U00000398184
01/30/06-80064-010 50.00

MANAGING MEMBERS/MANAGERS

	MGRM JETER, DEREK
ADDRESS	P.O. BOX 43602
ZIP	DETROIT, MI 48243
	MGR POKORNY, JAMES R
ADDRESS	3550 LANDER RD
ZIP	PEPPER PIKE, OH 44124
ADDRESS	
ZIP	
ADDRESS	
ZIP	
ADDRESS	
ZIP	
ADDRESS	
ZIP	

DO NOT WRITE IN THIS SPACE

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 605, Florida Statutes.

SIGNATURE: J R P manager 1/19/06 216-510-0484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #