


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

05-05-2004 90017 010 ****50.00

DOCUMENT # L01000019058 1. Entity Name THE ORPHEUM GROUP, LLC					
Principal Place of Business 2180 PARK AVENUE NORTH, SUITE 100 WINTER PARK FL 32789			Mailing Address 2180 PARK AVENUE NORTH, SUITE 100 WINTER PARK FL 32789		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1131535	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOLDSMITH, KAREN L 2180 PARK AVENUE NORTH, SUITE 100 WINTER PARK FL 32789				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 renewing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROUT, JONATHAN S 2180 PARK AVENUE NORTH, SUITE 100 WINTER PARK FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSMITH, KAREN L 2180 PARK AVENUE NORTH, SUITE 100 WINTER PARK FL 32789	<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			
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 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: <u>Jonathan S. Grout</u> 4-30-04 407-740-0144		