


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90129 001 ****25.00
04-27-2006 90129 002 ****25.00

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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 2160 Park Avenue North Suite, Apt. #, etc.		3. Mailing Address PO Box 2011 Suite, Apt. #, etc.			
City & State Winter Park, FL		City & State Winter Park, FL		4. FEI Number 20-1131535	
Zip 32789		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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		
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. Karen L. Goldsmith SIGNATURE			4-25-06 DATE		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
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				
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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: Karen L. Goldsmith SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
4-25-06 (407) 740-0144 Date Daytime Phone #					