## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000020314

Entity Name: ORC TRAINING, LLC

City-St-Zip:

FILED Jan 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 439 NE 7TH AVENUE FORT LAUDERDALE, FL 33301 **Current Mailing Address: New Mailing Address:** 439 NE 7TH AVENUE FORT LAUDERDALE, FL 33301 FEI Number: 03-0376974 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete COLAN MUTH, CATHERINE Name: Name: 4201 N OCEAN DRIVE # 206 Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: () Delete Title: PRES (X) Change ( ) Addition Name: AMMAR, KAREN S Name: AMMAR, KAREN S Address: 1320 FUNSTON STREET Address: 1320 FUNSTON STREET City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: HOLLYWOOD, FL 33019 Title: () Delete Title: () Change () Addition BARNES, ELISSA Name: Name: 1103 IVANHOE ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: ( ) Delete Title: Title: TRE ( ) Change (X) Addition Name: Name: NASH, THOMAS J 8723 NW 82ND STREET Address: Address: City-St-Zip: City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: ( ) Change (X) Addition SHELTON, JOHN Name: Name: 6551 NE 20TH WAY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

FORT LAUDERDALE, FL 33308

SIGNATURE: CATHERINE COLAN MUTH MGRM 01/30/2007