


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90175 017 ****50.00

DOCUMENT # L02000000640	
1. Entity Name ORELL FAMILY L.L.C.	

Principal Place of Business 8291 DOMIDICA PL WELLINGTON, FL 33414-6455	Mailing Address 8291 DOMIDICA PL WELLINGTON, FL 33414-6455
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20013184

2. Principal Place of Business 8291 DOMINICA PL	3. Mailing Address 8291 DOMINICA PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02152005 Chg.-LLC CR2E083 (10/03)

4. FEI Number 80-0006680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ORELL, LAWRENCE 8291 DOMIDICA PL WELLINGTON, FL 33414-6455	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8291 DOMINICA PL City FL Zip Code
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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.

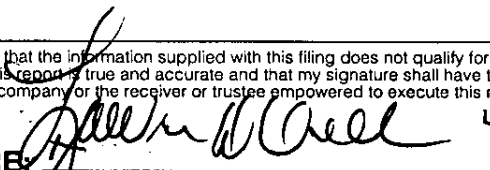
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORELL, LAWRENCE 8291 DOMIDICA PL WELLINGTON, FL 334146455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8291 DOMINICA PL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 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:  **LAWRENCE D. ORELL**
MGRM
Date: **2-15-05** Daytime Phone #: **954-249-6933**