

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002002

1. Entity Name

ORION EMPIRE, LLC



FILED

2003 MAY -2 PM 5:34

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 1020 MEADOWVIEW LANE ST. AUGUSTINE FL 32092	Mailing Address % BARRY B. ANSBACHER, P.A. 1301 RIVERPLACE BLVD. 2450 RIVERPLACE TWR JACKSONVILLE FL 32207-9037
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BARRY B. ANSBACHER, P.A.  
1301 RIVERPLACE BLVD, 2450 RIVERPLACE TWR  
JACKSONVILLE FL 32207-9037

Same entity Corp. name  
change for reg. agent

7. Name and Address of New Registered Agent

Name: Ansbacher & McKeel, P.A.  
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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] Barry B. Ansbacher, Pres. 3/3/03

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, KERRY C 1020 MEADOWVIEW LANE ST. AUGUSTINE FL 32207-9037
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300017856143 05/02/03--01004--020 **50.00
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

19 Apr 03

826-1837

CR2E083 (10/02)

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