

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010916

Entity Name: ORRHOUSE, LLC

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

14385 - 82ND TERRACE NORTH
SEMINOLE, FL 33776

New Principal Place of Business:

16115 6TH ST E
REDINGTON BEACH, FL 33708

Current Mailing Address:

14385 - 82ND TERRACE NORTH
SEMINOLE, FL 33776

New Mailing Address:

16115 6TH ST E
REDINGTON BEACH, FL 33708

FEI Number: 04-3657176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORR, DAVID L
14385 - 82ND TERRACE NORTH
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

ORR, DAVID L
16115 6TH ST E
REDINGTON BEACH, FL 33708 US

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:

01/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ORR, DAVID L
Address: 14585 82 TERR. N.
City-St-Zip: SEMINOLE, FL 33776

Title: VPST () Delete
Name: ORR, ANNA P
Address: 14385 82 TERR. N.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: ORR, DAVID L
Address: 16115 6TH ST E
City-St-Zip: REDINGTON BEACH, FL 33708

Title: VPST (X) Change () Addition
Name: ORR, ANNA P
Address: 16115 6TH ST E
City-St-Zip: REDINGTON BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DAVID L ORR

P

01/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date