


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000023169</b>	
1. Entity Name <b>ORVIETO HOLDINGS, LLC</b>	

Principal Place of Business <b>10824 N.W. 2ND STREET PLANTATION FL 33324</b>	Mailing Address <b>10824 N.W. 2ND STREET PLANTATION FL 33324</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)	
4. FEI Number <b>76-0713862</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ORVIETO, BRAD 10824 N.W. 2ND STREET PLANTATION FL 33324</b>	
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7. Name and Address of New Registered Agent	
Name	
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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

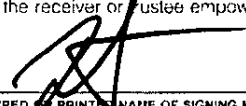
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<p align="center"><b>FILE NOW!!! FEE IS \$138.75</b>  <b>After May 1, 2008, Fee Will Be \$538.75</b>  <b>Make Check Payable to Florida Department of State</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>PV ORVIETO, ANNE 10824 N.W. 2ND ST. PLANTATION FL 33324</div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>S VAN ZELST, DAVID 2134 CHANDLER LANE GLENVIEW IL 60025</div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <input type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <input type="checkbox"/> Delete </div>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> 05/23/08-80099-013 138.75 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes.

**SIGNATURE:**  **42808 954731110**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAY TO PRINT