


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90002 036 ****55.00

DOCUMENT # L02000032140	
1. Entity Name ORME HOLDINGS, LLC	

Principal Place of Business 6811 ALTAMIRA STREET CORAL GABLES, FL 33146	Mailing Address 6811 ALTAMIRA STREET CORAL GABLES, FL 33146
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49071565



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

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3886881

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145		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 Susan Williams, Pres. DATE 4/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLOMA, DENISE B 6811 ALTAMIRA STREET CORAL GABLES, FL 33146 <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: Denise Coloma DATE 4/28/04 (305) 854 1040

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