2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000001092

1. Entity Name

ORLANDO COMPUTER SERVICES, LLC



FILED Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6645 BOUGANVILLEA CRESCENT DR. ORLANDO, FL 32809 6645 BOUGANVILLEA CRESCENT DR. ORLANDO, FL. 32809



DO NOT WRITE IN THIS SPACE

 4. FEI Number
 Applied For 45-0495846

 Not Applicable

5. Certificate of Status Desired

01032006No Chg-LLC

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

VAZQUEZ, DOMINGO 6645 BOUGANVILLEA CRESCENT DR. ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstaling)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	VAZQUEZ, DOMINGO		
STREET ADDRESS	6645 BOUGANVILLE CRESCENT DR.		
CITY-ST-ZIP	ORLANDO, FL 32809	<u></u>	
TITLE			
NAME			1900000383171
STREET ADDRESS			V00000383171 01/12/06-80043-010 50.00
CITY-ST-ZIP			ALTERNATION AND AND AND AND AND AND AND AND AND AN
TITLE			
NAME STREET ADDRESS			
City-ST-ZIP		l DO	NOT WRITE
ritle Name		I IN	THIS SPACE
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS		i	
CITY-ST-ZIP			
TITLE			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 flability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

Q1	CN	ATI	IRF.	ı

NAME STREET ADDRESS CITY-ST-ZIP

1/9/06

407-816-7070

Daytime Phone #