

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002505

FILED
Jan 26, 2008
Secretary of State

Entity Name: GORDON ORR & ASSOCIATES, L.L.C.

Current Principal Place of Business:

10627 BROADLAND PASS
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1425
THONOTOSASSA, FL 33592

New Mailing Address:

P.O. BOX 1485
THONOTOSASSA, FL 33592

FEI Number: 11-3682711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: ORR, GORDON N
Address: 367 OAK RIDGE CIRCLE
City-St-Zip: COLUMBUS, MS 39705

Title: CFO () Delete
Name: SUTTON, JAMES H
Address: 10627 BROADLAND PASS
City-St-Zip: THONOTOSASSA, FL 33592

Title: COO (X) Delete
Name: HOLDEN, LARRY G
Address: 510 N. STREET
City-St-Zip: BRANDON, MS 39042

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES H SUTTON JR.

CFO

01/26/2008

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