2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004635

Entity Name: 505 ORTON, LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

505 ORTON AVE

FORT LAUDERDALE, FL 33304

Current Mailing Address: New Mailing Address:

505 ORTON AVE 533 ORTON AVE

FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304

FEI Number: 81-0596417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEBENEDICTIS, ROBERT N 511 BAYSHORE DRIVE APT 405 FORT LAUDERDALE, FL 33304 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 DEBENEDICTIS, ROBERT
 Name:

 Address:
 227 E. 56 STREET, SUITE 400
 Address:

 City-St-Zip:
 NEW YORK, NY 10022
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 GALLUCCIO, PAUL D
 Name:

 Address:
 533 ORION AVE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33304
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

Name:MARTINO, SUSAN AName:Address:717 BREAKERS AVEAddress:City-St-Zip:FORT LAUDERDALE, FL 33304City-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: PAUL GALLUCCIO MGMR 03/20/2009