2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# L03000023918

Entity Name: ORSIP, LLC

Current Principal Place of Business:

557 N WYMORE ROAD
SUITE 100
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

557 N WYMORE ROAD
SUITE 100
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 35-2209872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M ESQ
557 NORTH WYMORE ROAD STE. 100
MAITLAND, FL 32751 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:	MMR	( ) Delete
Name:	JAY, RICHARD H	
Address:	557 N WYMORE RD, SUITE 100	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MMR	( ) Delete
Name:	SOTO, OSCAR	
Address:	557 N WYMORE RD, SUITE 100	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MMR	( ) Delete
Name:	MILLER, SCOTT	
Address:	557 N WYMORE RD, SUITE 100	
City-St-Zip:	MAITLAND, FL 32751	

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 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: RICHARD H. JAY MMR 01/11/2007

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