

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023918

Entity Name: ORSIP, LLC

FILED  
Jan 15, 2008  
Secretary of State

**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 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

01/15/2008

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