


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90027 006 \*\*\*\*50.00

<b>DOCUMENT # L03000043145</b>	
1. Entity Name <b>ORMS STREET, LLC</b>	

Principal Place of Business <b>25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544</b>	Mailing Address <b>25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544</b>
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2. Principal Place of Business - No P.O. Box # <b>5807 Old Pasco Rd.</b>	3. Mailing Address <b>5807 Old Pasco Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062007 Chg-LLC CR2E083 (12/06)

City & State <b>Wesley Chapel, FL</b>	City & State <b>Wesley Chapel, FL</b>
Zip <b>33544</b>	Zip <b>33544</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number  
**20-0374808**

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>MENDELSON, LOUIS B 25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544</b>	
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7. Name and Address of New Registered Agent	
Name <b>Mendelsohn, Louis B.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5807 Old Pasco Road</b>	
City <b>Wesley Chapel</b>	FL Zip Code <b>33544</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Louis B. Mendelsohn* **LOUIS B. MENDELSON** DATE **1/8/07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MENDELSON, LOUIS B 25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5807 Old Pasco Road Wesley Chapel, FL 33544</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Louis B. Mendelsohn* **LOUIS B. MENDELSON** DATE **1/8/07** 813-973-0496