2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L04000031840

Entity Name: ORIEN ENTERPRISES, LLC

Current Principal Place of Business:

3792 WINDBER LANE
PALM HARBOR, FL 34685

New Principal Place of Business:

8020 OLD COUNTY ROAD 54
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

3792 WINDBER LANE
PALM HARBOR, FL 34685

New Mailing Address:

8020 OLD COUNTY ROAD 54
NEW PORT RICHEY, FL 34653 US

FEI Number: 20-1138320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLSON, RICHARD
3792 WINDBER LANE
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

CARLSON, RICHARD
3792 WINDBER BLVD.
PALM HARBOR, FL 34685 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: 04/25/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: CARLSON, RICHARD E
Address: 3792 WINDBER BLVD.
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM ( ) Change (X) Addition
Name: CARLSON, TAMARA D
Address: 3157 LAKE VALENCIA LANE EAST
City-St-Zip: PALM HARBOR, FL 34684 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TAMARA CARLSON MGRM 04/25/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date