
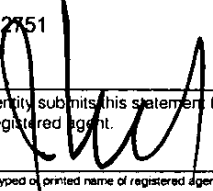
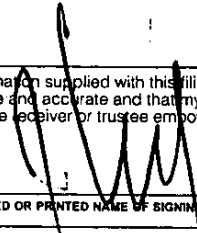


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90416 026 \*\*\*\*50.00

<b>DOCUMENT # L04000067877</b> 1. Entity Name <b>ORRVILLE PARTNERS, LLC</b>																													
Principal Place of Business <b>2301 MAITLAND CENTER PARKWAY</b> <b>250</b> <b>MAITLAND, FL 32751 US</b>			Mailing Address <b>2301 MAITLAND CENTER PARKWAY</b> <b>250</b> <b>MAITLAND, FL 32751 US</b>																										
2. Principal Place of Business <b>825 SUNSHINE LANE</b> Suite, Apt. #, etc.			3. Mailing Address <b>825 SUNSHINE LANE</b> Suite, Apt. #, etc.																										
City & State <b>ALTAMONTE SPRINGS, FL</b> Zip <b>32714</b>		City & State <b>ALTAMONTE SPRINGS, FL</b> Zip <b>32714</b>		4. FEI Number <b>20-1621871</b>																									
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>BROWN, GARY E</b> <b>2301 MAITLAND CENTER PARKWAY</b> <b>250</b> <b>MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent - Name <b>JOHN O'DONNELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>825 SUNSHINE LANE</b> City <b>ALTAMONTE SPRINGS</b> <b>FL</b> Zip Code <b>32714</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  DATE <b>2/21/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>MGRM</b>  <b>O &amp; B COMMERCIAL DEVELOPMENT, LLC</b>  <b>2301 MAITLAND CENTER PARKWAY, #250</b>  <b>MAITLAND, FL 32751</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>O &amp; B COMMERCIAL DEVELOPMENT, LLC</b> <b>2301 MAITLAND CENTER PARKWAY, #250</b> <b>MAITLAND, FL 32751</b>		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>MGRM</b>  <b>JOHN O'DONNELL</b>  <b>825 SUNSHINE LANE</b>  <b>ALTAMONTE SPRINGS, FL 32714</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>JOHN O'DONNELL</b> <b>825 SUNSHINE LANE</b> <b>ALTAMONTE SPRINGS, FL 32714</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			Date <b>2/21/06</b> Daytime Phone # <b>(407) 862-6445</b>																										