

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067877

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: ORRVILLE PARTNERS, LLC

**Current Principal Place of Business:**

825 SUNSHINE LN  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

825 SUNSHINE LN  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

FEI Number: 20-1621871      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

O'DONNELL, JOHN  
825 SUNSHINE LN  
ALTAMONTE SPRINGS, FL 32714 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: MGRM ( ) Delete  
Name: O'DONNELL, JOHN  
Address: 825 SUNSHINE LN  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR ( ) Delete  
Name: SIHLE, GERALD K  
Address: 1930 BRIDGEWATER DRIVE  
City-St-Zip: HEATHROW, FL 32751

Title: MGR ( ) Delete  
Name: SIHLE, KENNETH G  
Address: 1730 PINE CREEK  
City-St-Zip: LAKE MARY, FL 32746

Title: MGR ( ) Delete  
Name: SIHLE, MICHAEL D  
Address: 601 PRAIRIE LAKE DRIVE  
City-St-Zip: CASSELBERRY, FL 32730

**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:

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: JOHN O'DONNELL

MGRM

04/01/2009

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