



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90128 035 \*\*\*\*55.00

<b>DOCUMENT # L04000077097</b> 1. Entity Name RDS-ORION, LLC					
Principal Place of Business 1510 S.E. 17TH STREET, STE. 300 FT. LAUDERDALE, FL 33316			Mailing Address 1510 S.E. 17TH STREET, STE. 300 FT. LAUDERDALE, FL 33316		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			4. FEI Number 20-1787768		
Applied For			Not Applicable		
5. Name and Address of Current Registered Agent			6. Name and Address of New Registered Agent		
BISCHOFF, DOUGLAS K 1510 S.E. 17TH STREET, STE. 300 FT. LAUDERDALE, FL 33316			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1510 SE 17th St		NAME		
CITY- ST- ZIP	Ft Lauderdale FL 33316		STREET ADDRESS		
CITY- ST- ZIP	Ft Lauderdale FL 33316		CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY- ST- ZIP			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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STREET ADDRESS			NAME		
CITY- ST- ZIP			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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STREET ADDRESS			NAME		
CITY- ST- ZIP			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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 			3/24/05 954-5226632		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30005301

