

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077097

Entity Name: RDS-ORION, LLC

FILED
Jun 14, 2006
Secretary of State

Current Principal Place of Business:

1510 S.E. 17TH STREET, STE. 300
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

350 EAST LAS OLAS BLVD.
1250
FT. LAUDERDALE, FL 33301

Current Mailing Address:

1510 S.E. 17TH STREET, STE. 300
FT. LAUDERDALE, FL 33316

New Mailing Address:

350 EAST LAS OLAS BLVD
1250
FT. LAUDERDALE, FL 33301

FEI Number: 20-1787768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BISCHOFF, DOUGLAS K
1510 S.E. 17TH STREET, STE. 300
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

DAY, JAMES R
350 EAST LAS OLAS BLVD.
1250
FT. LAUDERDALE, FL 33301 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: JAMES ROBERT DAY

06/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPIERE, DAVID G
Address: 1510 SE 17TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPIERS, DAVID G
Address: 350 EAST LAS OLAS BLVD. SUITE 1250
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID G SPIERS

MGRM

06/14/2006

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