2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# L04000083365

Entity Name: ORLICA, LLC

Current Principal Place of Business:

P.O. BOX 490315
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 490315
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 20-1907377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

LIEVANO, ISABEL MGR
527 BAY LANE
KEY BISCAYNE, FL, FL 33149 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: ISABEL LIEVANO 02/09/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: OROZCO, GINETTE
Address: 104 CRANDON BLVD., SUITE 315
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete
Name: LIEVANO, ISABEL
Address: 104 CRANDON BLVD., SUITE 315
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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 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: GINETTE OROZCO MGR 02/09/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date