


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90072 008 ****50.00

DOCUMENT # L04000085830 1. Entity Name ORLANDO COMPANY LLC			
Principal Place of Business 301 WEST NINE MILE ROAD SUITE 10 PENSACOLA, FL 32534 US		Mailing Address 301 WEST NINE MILE ROAD SUITE 10 PENSACOLA, FL 32534 US	
2. Principal Place of Business 3430 Summit Blvd.		3. Mailing Address 3430 Summit Blvd.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Pensacola, FL 32503		City & State Pensacola, Florida	
Zip 32503		Zip 32503	
Country Escambia		Country Escambia	
4. FEI Number 20-1935621		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ORLANDO, JOSEPH P 301 WEST NINE MILE ROAD SUITE 10 PENSACOLA, FL 32534		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3430 Summit Blvd. City Pensacola FL Zip Code 32503	
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 reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORLANDO, JOSEPH T 3036 DESERT STREET PENSACOLA, FL 32514	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORLANDO, JOSEPH P 3036 DESERT STREET PENSACOLA, FL 32514	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MITCHELL, RICHARD A 5338 STAFFORD CIRCLE PACE, FL 32571	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MITCHELL, GARY W 4376 BAYOU RIDGE DRIVE PACE, FL 32574	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	