

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087048

FILED  
May 25, 2005  
Secretary of State

Entity Name: ORION INVEST LLC

**Current Principal Place of Business:**

1061 SOUTH BARFIELD DRIVE  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

**Current Mailing Address:**

969 ARAPAHO TRAIL  
FRANKLIN LAKES, NJ 07417 US

**New Mailing Address:**

FEI Number: 20-1951266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

IVASHKOV, VLADIMIR  
1061 SOUTH BARFIELD DRIVE  
MARCO ISLAND, FL 34145 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: IVASHKOV, VLADIMIR  
Address: 1061 SOUTH BARFIELD DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: MGRM ( ) Delete  
Name: SADULLOEV, KHASAN  
Address: 78 OZOBEE ZALON STREET  
City-St-Zip: DUSHANBE, TA 737025 TA

**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: IVASHKOV, VLADIMIR

MGMR

05/25/2005

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