


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-16-2006 90144 028 ****50.00

DOCUMENT # L05000004446 1. Entity Name ORLMAR, LLC					
Principal Place of Business 8200 SOUTHWEST 29TH STREET MIAMI FL 33155				Mailing Address 8200 SOUTHWEST 29TH STREET MIAMI FL 33155	
2. Principal Place of Business 5011 SW 87 Ave		3. Mailing Address 5011 SW 87 Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami Fla		City & State Miami Fla		4. FEI Number 20-216 2933	
Zip 33165		Country MIAMI-DORE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOHATCH, JOHN S 2600 DOUGLAS ROAD, PH-8 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name ORLANDO J. BRIEVA Street Address (P.O. Box Number is Not Acceptable) 5011 SW 87 Ave City Miami FL Zip Code 33165			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIEVA REAL ESTATE LLLP 6101 BLUE LAGOON DRIVE, SUITE 150 MIAMI FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIEVA REAL ESTATE LLLP 5011 SW 87 Ave MIAMI FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 Section 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: <u>Orlando J. Brieva</u> ORLANDO J. BRIEVA 1/3 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

30002259



1st MOORE CR2E083 (10/05)



ATTACHMENT
30002259

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

ORLMAR, LLC
5011 SW 87 AVE
MIAMI, FL 33165

Subject: ORLMAR, LLC

Reference Number: L05000004446

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION