


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90044 008 ****55.00

DOCUMENT # L05000034900

1. Entity Name
JOSE ORELLANA LLC



Principal Place of Business
**3009 NW 5TH ST
 POMPANO BEACH, FL 33069**

Mailing Address
**3009 NW 5TH ST
 POMPANO BEACH, FL 33069**

2. Principal Place of Business
7597 NW 74th TER

3. Mailing Address
7597 NW 74th TER

Suite, Apt. #, etc.

City & State
TAMARAC FL

City & State
TAMARAC FL

Zip
33321

Country
USA

Zip
33321

Country
USA



03252006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2650548

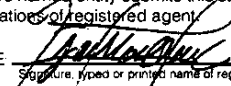
Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**ORELLANA, JOSE
 3009 NW 5TH ST
 POMPANO BEACH, FL 33069**

7. Name and Address of New Registered Agent
 Name **ORELLANA, JOSE**
 Street Address (P.O. Box Number is Not Acceptable)
7597 NW 74th TER
 City **TAMARAC FL** Zip Code **33321**

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  DATE **7/7/06**

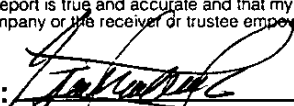
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORELLANA, JOSE 3009 NW 5TH ST POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:  DATE **7/7/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE