

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000062123

FILED
May 17, 2008
Secretary of State**Entity Name:** ORBIT, LLC**Current Principal Place of Business:**17517 CANAL SHORES DRIVE
ODESSA, FL 33556**New Principal Place of Business:****Current Mailing Address:**POST OFFICE BOX 23023
TAMPA, FL 33623**New Mailing Address:****FEI Number:** 20-3105767**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOILEAU, JOHN L
3490 NORTH US HIGHWAY ONE
COCOA, FL 32926 US**Name and Address of New Registered Agent:**WOLFINGTON, JAY
17517 CANAL SHORES DRIVE
TAMPA, FL 33556 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: JAY WOLFINGTON

05/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: WOLFINGTON, JAY
Address: C/O POST OFFICE BOX 23023
City-St-Zip: TAMPA, FL 33623**Title:** MGRM (X) Delete
Name: WOLFINGTON, MICHAEL
Address: C/O POST OFFICE BOX 23023
City-St-Zip: TAMPA, FL 33623**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 exemption stated in Chapter 119, 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: JAY WOLFINGTON

MGRM

05/17/2008

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