


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000080201 1. Entity Name ORION ACQUISITIONS, LLC |  |
|---|---|

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|--|--|
| Principal Place of Business 6 BROADRIVER ROAD ORMOND BEACH, FL 32174 | Mailing Address 6 BROADRIVER ROAD ORMOND BEACH, FL 32174 |
|--|--|

DO NOT WRITE IN THIS SPACE



02182007 No Chg-LLC CR2E083 (11/05)

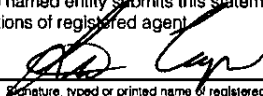
| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

COOPER, STEVEN
6 BROADRIVER ROAD
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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: 4/11/07

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

**Filing Fee is \$50.00
Due by May 1, 2007**

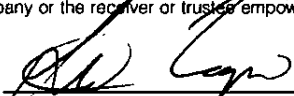
U000003709161
04/24/07-80144-001 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM COOPER, STEVEN 6 BROADRIVER RD ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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:  Steve Cooper Date: 4/11/07 Daytime Phone #: 386 672 6511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #