

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093171

Entity Name: ORION'S VIEW, LLC

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

10-1-38 ESTATE PETERBORG
SAINT THOMAS, VI 00802

New Principal Place of Business:

Current Mailing Address:

6501 RED HOOK PLAZA STE 210
PMB 60
SAINT THOMAS, VI 00802

New Mailing Address:

FEI Number: 20-3545326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELAND, RUSSIN, HELLINGER & BUDWICK, P.A.
3000 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FARDIE, KENNETH W PRES
1425 BRICKELL AVE
55C
MIAMI, FL 33131 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: KENNETH W FARDIE

01/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: FARDIE, KENNETH W PRES
Address: 6501 RED HOOK PLAZA SUITE 201 PMB 60
City-St-Zip: ST THOMAS, VI 00802 US

Title: VP () Delete
Name: FARDIE, SHERRY G VP
Address: 6501 RED HOOK PLAZA SUITE 201 PMB 60
City-St-Zip: ST THOMAS, VI 00802 US

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 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: KENNETH W FARDIE

PRES

01/31/2007

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