2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007
Secretary of State

DOCUMENT# L05000110328

Entity Name: ORROS PROPERTIES, LLC

Current Principal Place of Business:

494 TEAL LANE
TALLAHASSEE, FL 32308

New Principal Place of Business:

750 RHODEN COVE ROAD
TALLAHASSEE, FL 32312

Current Mailing Address:

494 TEAL LANE
TALLAHASSEE, FL 32308

New Mailing Address:

750 RHODEN COVE ROAD
TALLAHASSEE, FL 32312

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ORROS, NICHOLAS
494 TEAL LANE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

ORROS, NICHOLAS P OWNER
750 RHODEN COVE ROAD
TALLAHASSEE, FL 32312 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: NICHOLAS ORROS 07/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PERKINS CHRISTIE, DROZ
Address: 494 TEAL LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR ( ) Delete
Name: ORROS, NICHOLAS
Address: 494 TEAL LANE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ORROS, CHRISTIE DROZ P OWNER
Address: 750 RHODEN COVE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR (X) Change ( ) Addition
Name: ORROS, NICHOLAS
Address: 750 RHODEN COVE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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: NICHOLAS ORROS OWNE 07/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date