2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2008 8:00 am
Secretary of State
05-01-2008 90033 023 ***138.75

DOCUMENT # L05000119569

1. Entity Name
ORCA, LLC

60037429

Principal Place of Business	Mailing Address
1900 WINDWARD WAY VERO BCH, FL 32963	1900 WINDWARD WAY VERO BCH, FL 32963

03172008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3928501
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, JOHN E III
% ROSSWAY, MOORE & TAYLOR, P.L.C.
5070 N. HIGHWAY A-1-A, STE. 200
VERO BCH, FL 32963

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAMPANA, SUSAN L
STREET ADDRESS	1900 WINDWARD WAY
CITY-ST-ZIP	VERO BCH, FL 32963
TITLE	P
NAME	OLSON, MICHAEL
STREET ADDRESS	986 25TH ST
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Susan L. Campana 4-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #