FILED
Jun 11, 2007 8:00 am
Secretary of State
05-14-2007 90364 011 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000005585

1. Entity Name
ORION-TOMCAT, LLC

30010323

Principal Place of Business	Mailing Address
~~14615 WEST DIXIE HIGHWAY MIAMI, FL 33161 US~~	~~14615 WEST DIXIE HIGHWAY MIAMI, FL 33161 US~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3875 NW 132 St	3875 NW 132 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OPA LOCKA Fl	City & State: OPA LOCKA Fl
Zip: 33054 Country: MIAMI DADE	Zip: 33054 Country: MIAMI DADE

01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4133618 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, RICARDO
3875 NW 132 STREET
OPA LOCKA, FL 33054

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, RICARDO L		NAME		
STREET ADDRESS	3875 NW 132 STREET		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 1-9-07 786-229-3207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #