2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L06000008439

Entity Name: ORION PROJECT SERVICES, LLC

Current Principal Place of Business:

417 GENTIAN
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

4629 SECOND AVE
ST. AUGUSTINE, FL 32095

Current Mailing Address:

4629 SECOND AVE
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 20-4188785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWEN, GEORGE L
4629 SECOND AVE
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BOWEN, ELIZABETH L
Address: 4629 2ND AVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGRM ( ) Delete
Name: LAWRENCE, JEFFREY A
Address: 417 GENTIAN
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM ( ) Delete
Name: BOWEN, GEORGE L
Address: 4629 2ND AVE
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: ELIZABETH L BOWEN MS 04/28/2008

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