



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90483 040 ****50.00

DOCUMENT # L06000050765 1. Entity Name ORION BELT ENTERPRISES LLC					
Principal Place of Business 8802 NW 109 TERR HIALEAH GARDENS, FL 33018				Mailing Address 8802 NW 109 TERR HIALEAH GARDENS, FL 33018	
2. Principal Place of Business - No P.O. Box # 13603 SW. 109 PL		3. Mailing Address 13603 SW. 109 PL			
Suite, Apt. #, etc. City, State Miami FL		Suite, Apt. #, etc. City, State Miami FL		03022007 Chg-LLC CR2E083 (12/06)	
Zip 33176		Country USA		4. FEL Number Apply for	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA, RACIEL 8802 NW 109 TERR HIALEAH GARDENS, FL 33018			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13603 SW. 109 PL City, State Miami FL Zip Code 33176		
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 _____ (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA, RACIEL 8802 NW 109 TERR HIALEAH GARDENS, FL 33018		TITLE NAME STREET ADDRESS CITY - ST - ZIP	13603 SW. 109 PL Miami FL 33176	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 3/12/07 305 8874155 Daytime Phone #		