
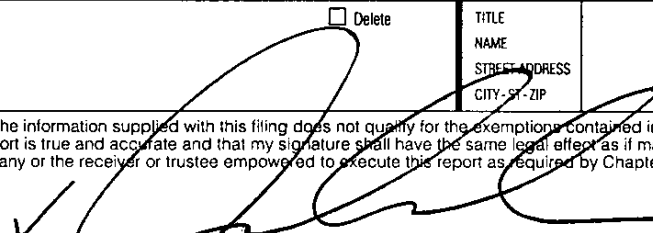


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90305 047 ****50.00

DOCUMENT # L06000059548 1. Entity Name ORRGROUP, LLC					
Principal Place of Business 3117 EDGEWATER DR. ORLANDO, FL 32804			Mailing Address C/O PHILIP K. CALNDRINO, ESQ. 20 NORTH ORANGE AVE. SUITE 600 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>Hendry, Stoner, Calandrino + Brown</i> Suite, Apt. #, etc.			
City & State		City & State		01102007 Chg-LLC CR2E083 (12/06)	
Zip		Zip		4. FEI Number 20-50.32029	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO & BROWN PA 20 NORTH ORANGE AVE. SUITE 600 ORLANDO, FL 32801				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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ORR, ANDREW C 3117 EDGEWATER DR. ORLANDO, FL 32804	<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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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
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: 				Date 3/15/07 Daytime Phone # 321-332-7179	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					