

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90366 007 \*\*\*\*50.00

<b>DOCUMENT # L06000122946</b>					
<b>1. Entity Name</b> ORPHEENITY GROUP LTD. CO.					
<b>Principal Place of Business</b> 427 LADY DIANA DRIVE DAVENPORT, FL 33837 US			<b>Mailing Address</b> C/O LYNX AIR INTERNATION/PMB P.O.BOX 407139 FORT LAUDERDALE, FL 33340		
<b>2. Principal Place of Business - No P.O. Box #</b> C/O ALLEN KATZ CPA PA Suite, Apt. #, etc. 522 6550 N. FEDERAL HWY. SUITE City & State FORT LAUDERDALE, FL Zip 33308		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country USA		04032007 Chg-LLC CR2E083 (12/06)	
<b>4. FEI Number</b> 20-8093774				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> ORPHEE, DUCKENS N 427 LADY DIANA DRIVE DAVENPORT, FL 33837	
<b>7. Name and Address of New Registered Agent</b> Name DUCKENS N. ORPHEE Street Address (P.O. Box Number is Not Acceptable) C/O ALLEN J KATZ CPA PA 6550 N. FEDERAL HWY, SUITE 522 City FORT LAUDERDALE FL Zip Code 33308				<b>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.</b> SIGNATURE <u>Duckens N. Orphee</u> DUCKENS N. ORPHEE MGR. 4/4/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORPHEE, DUCKENS N MR. 427 LADY DIANA DRIVE DAVENPORT, FL 33837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUCKENS N. ORPHEE C/O ALLEN KATZ CPA PA. 6550 N. FEDERAL HWY SUITE 522/ FORT LAUDERDALE FL 33308	<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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<b>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.</b>					
<b>SIGNATURE:</b> <u>Duckens N. Orphee</u> DUCKENS N. ORPHEE			4/4/07		503-922-2160
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>