2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# L07000009976

Entity Name: B J ORCHID, LLC

Current Principal Place of Business:

24229 ADAIR AVE
SORRENTO, FL 32776 US

New Principal Place of Business:

Current Mailing Address:

24229 ADAIR AVE
SORRENTO, FL 32776 US

New Mailing Address:

FEI Number: 20-8369817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HWANG, BYUNG
1760 PLYMOUTH SORRENTO ROAD
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

HWANG, BYUNG G
1760 PLYMOUTH SORRENTO ROAD
APOPKA, FL 32712 US

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: BYUNG G. HWANG 03/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HWANG, BYUNG
Address: 1760 PLYMOUTH SORRENTO ROAD
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM ( ) Delete
Name: HWANG, CHABOON
Address: 1760 PLYMOUTH SORRENTO ROAD
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete
Name: HWANG, JUNSIK
Address: 24229 ADAIR AVE
City-St-Zip: SORRENTO, FL 32776

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: BYUNG G HWANG MEM 03/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date