

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102223

FILED
Jan 23, 2009
Secretary of State

Entity Name: ORPHANS PROGRESS, LLC

Current Principal Place of Business:

2030 ALAQUA LAKES BLVD.
LONGWOOD, FL 32779

New Principal Place of Business:

1917 BRIDGEWATER DRIVE
LAKE MARY, FL 32746

Current Mailing Address:

2030 ALAQUA LAKES BLVD.
LONGWOOD, FL 32779

New Mailing Address:

1917 BRIDGEWATER DRIVE
LAKE MARY, FL 32746

FEI Number: 26-1227501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, DARYL
2030 ALAQUA LAKES BLVD.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

DIXON, DARYL
1917 BRIDGEWATER DRIVE
LAKE MARY, FL 32746 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:

01/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIXON, DARYL A
Address: 2030 ALAQUA LAKES BLVD.
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Delete
Name: DIXON, KIMBERLY S
Address: 2030 ALAQUA LAKES BLVD.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DIXON, DARYL A
Address: 1917 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: MGR (X) Change () Addition
Name: DIXON, KIMBERLY S
Address: 1917 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: DARYL DIXON

MGR

01/23/2009

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