2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000067983

Entity Name: ORIGIN IP GROUP, LLC

Current Principal Place of Business:

1170 CELEBRATION BLVD., STE. 200
CELEBRATION, FL 34747

New Principal Place of Business:

111 N. ORANGE AVENUE
SUITE 1200
ORLANDO, FL 32801

Current Mailing Address:

1170 CELEBRATION BLVD., STE. 200
CELEBRATION, FL 34747

New Mailing Address:

111 N. ORANGE AVENUE
SUITE 1200
ORLANDO, FL 32801

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORAN, THOMAS P
111 NORTH ORANGE AVENUE, STE. 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HELLER, WAYNE
Address: 804 GOLFPARK DRIVE
City-St-Zip: CELEBRATION, FL 34747

Title: MGR ( ) Delete
Name: HELLER, JUDY
Address: 804 GOLFPARK DRIVE
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HELLER, WAYNE
Address: 111 N. ORANGE AVENUE, #1200
City-St-Zip: ORLANDO, FL 32801

Title: MGR (X) Change ( ) Addition
Name: HELLER, JUDY
Address: 111 N. ORANGE AVENUE, #1200
City-St-Zip: ORLANDO, FL 32801

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: WAYNE HELLER MGR 04/27/2009

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