


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
Name and Mailing Address of Limited Liability Company ORION CAPITAL ADVISORS, I.C. 7602 HUNTERS GROVE RD JACKSONVILLE FL 32256		DOCUMENT #L96000000827 1a. Principal Place of Business Address 7602 HUNTERS GROVE RD JACKSONVILLE FL 32256	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business SAME		2a. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified 08/01/1996		3a. State of Formation FL	
4. FEI Number 59-3397670		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report FIRST REPORT		8. Certificate of Status Desired <input checked="" type="checkbox"/> No Additional Fee Required	
7. Name and Address of Current Registered Agent MATERNA, DAVID A 7602 HUNTERS GROVE RD JACKSONVILLE FL 32256		8. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: FL Zip Code:	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE: <u>N/A</u> DATE: _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MATERNA, DAVID A	7602 HUNTERS GROVE RD	JACKSONVILLE FL
MEM	HABIT, FRANKLIN H II	16 ANSLEY CT	HILTON HEAD ISLAND SC
			400002171834--7 -05/08/97--01118--015 ****203.75 ****203.75
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 #08, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u>David A. Materna</u> <u>4/15/97</u> <u>(904) 642-7285</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>			

FILED
97 MAY -1 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA *mwb*