



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 25 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FL	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000827 ORION CAPITAL ADVISORS, L.C. 7602 HUNTERS GROVE RD JACKSONVILLE FL 32256		1a. Principal Place of Business Address 7602 HUNTERS GROVE RD JACKSONVILLE FL 32256			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 08/01/1996 4. FEI Number 59-3397670 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				3a. State of Formation FL 5. Date of Last Report 04/27/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 300002859773--7 -05/03/99--01011-018 FL ***188.75 ***188.75		
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. Thereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
(If Registered Agent Accepting Appointment, (DO NOT) Registered Agent's signature, name and address follow)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	MATERNA, DAVID A	7602 HUNTERS GROVE RD		JACKSONVILLE FL 32256	
MGRM	MATERNA, CARON S	7602 HUNTERS GROVE RD		JACKSONVILLE FL 32256	
					

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 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF OFFICE OF LIMITED LIABILITY COMPANY MEMBER IS REQUIRED

4/23/99 (352) 375-2152 (X307)