File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR 12 PH 1: 59 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SEGNETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000003102 1a. Principal Place of Business Address ORION GROUP OF PORT RICHEY, L.C. 7720 WASHINGTON STREET, SUITE 104 7720 WASHINGTON STREET, SUITE 104 PORT RICHEY FL 34668 PORT RICHEY FL 34668 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/09/1998 120 Wohington St. FLSuite, Apt. #, etc. 4. FEI Number Applied For City & State 59-35475/16 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country \$8.75 Additional Fee Required 341668 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GIGLIO, JOHN A 7720 WASHINGTON STREET, SUITE 104 Street Address (P.O. Box Number is Net Atteballe); PORT RICHEY FL 34668 -03/23/99 --01020 --018 Suite, Apt #, etc \*\*\*\*188.75 \*\*\*\*188.75 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 \_ (Registered Agent Accepting Appointment). (NOTE Registered Agents grature recoin, diwher remoting) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code GIGLIO, JOHN A MGR 7720 WASHINGTON STREET, SU PORT RICHEY FL **MGR** GIGLIO, JOSEPH P. 7720 WASHINGTON STREET, SU PORT RICHEY FL 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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

FOR PRINTED BAME OF SIGNAPPE MANAGRAP MEMBER OR MANAGER

John A. Gialio, Mar. 5/8/199 727-848-5518

JNHSE10 R (12-98)

SIGNATURE: