FILED
Apr 01, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000003102

1. Entity Name
ORION GROUP OF PORT RICHEY, L.C.

Principal Place of Business
7720 WASHINGTON STREET, SUITE 104
PORT RICHEY, FL 34668

Mailing Address
7720 WASHINGTON STREET, SUITE 104
PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

03262005 No Chg -LLC CR2E083 (10/03)

4. FEI Number
59-3547589

Applied for
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GIGLIO, JOHN A
7720 WASHINGTON STREET, SUITE 104
PORT RICHEY, FL 34668

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GIGLIO, JOHN A
STREET ADDRESS	7720 WASHINGTON STREET, SUITE 104
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	MGR
NAME	GIGLIO, JOSEPH P.
STREET ADDRESS	7720 WASHINGTON STREET, SUITE 104
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I 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 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.

SIGNATURE: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #