

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004935

Entity Name: ORBITAL GROUP L.L.C.

FILED
Jul 20, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 7
ELLICOTT CITY, MD 21041

New Principal Place of Business:

Current Mailing Address:

PO BOX 7
ELLICOTT CITY, MD 21041

New Mailing Address:

FEI Number: 65-0945872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

URIBE, MONICA
3416 FRANKLIN AVENUE
COCONUT GROVE, FL 33133 US

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: MGRM () Delete
Name: URIBE, MONICA
Address: 3416 FRANKLIN AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM (X) Delete
Name: KESNER, HARVEY
Address: 65 MAYHEW DRIVE
City-St-Zip: SOUTH ORANGE, NJ 07079

Title: MGR () Delete
Name: URIBE, ANDREW
Address: PO BOX 7
City-St-Zip: ELLICOTT CITY, MD 21041

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW URIBE

PRES

07/20/2006

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