

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004935

Entity Name: ORBITAL GROUP L.L.C.

FILED
Aug 05, 2008
Secretary of State

Current Principal Place of Business:

8265 PATUXENT RANGE ROAD
JESSUP, MD 21041

New Principal Place of Business:

9446 DUNLOGGIN ROAD
ELLCOTT CITY, MD 21042

Current Mailing Address:

PO BOX 7
ELLCOTT CITY, MD 21041

New Mailing Address:

9446 DUNLOGGIN ROAD
ELLCOTT CITY, MD 21042

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:

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

Name and Address of New Registered Agent:

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: MGR () Delete
Name: URIBE, ANDREW
Address: 8265 PATUXENT RANGE ROAD
City-St-Zip: JESSUP, MD 21041

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: URIBE, ANDREW
Address: 9446 DUNLOGGIN ROAD
City-St-Zip: ELLCOTT CITY, MD 21042

I hereby certify that the information supplied with this filing does not qualify 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

08/05/2008

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