


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005137 1. Entity Name ORATION CONSULTING GROUP, LLC	
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Principal Place of Business 221 CLEAR LAKE DR PONTE VEDRA BEACH, FL 32082	Mailing Address 221 CLEAR LAKE DR PONTE VEDRA BEACH, FL 32082
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3605622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VELLA, ORA L 221 CLEAR LAKE DR PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

000000083819
03/10/04 00054-016 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELLA, ORA L 221 CLEAR LAKE DRIVE PONTE VEDRA BEACH, FL 32082
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IN THIS SPACE**

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: ORA L. VELLA 3/8/04 904-285-0658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #