


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## POSTING AUTHORIZATION

Date FILED  
 Profit Center Apr 27, 2007 08:00 AM  
 Account Code Secretary of State  
 Job Cost \_\_\_\_\_  
 Property / Project Manager \_\_\_\_\_

**DOCUMENT # M02000001842**

1. Entity Name  
**ORIG, LLC**



Principal Place of Business 10172 LINN STATION ROAD LOUISVILLE, KY 40223	Mailing Address 10172 LINN STATION ROAD LOUISVILLE, KY 40223
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Property / Project Senior Manager \_\_\_\_\_  
 Accountant \_\_\_\_\_ Date \_\_\_\_\_  
 Acctg Manager \_\_\_\_\_ Date \_\_\_\_\_  
 Acctg Manager \_\_\_\_\_ Date \_\_\_\_\_



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number **61-1324094** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLS, J.D. 10172 LINN STATION RD. LOUISVILLE, KY 40233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000738100 05/11/07-80055-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVIN, BRIAN F 10172 LINN STATION RD LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WELLS, GREGORY A 10172 LINN STATION RD LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PITCHFORD, DAVID B 10172 LINN STATION RD LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOWARD, SUSAN M 10172 LINN STATION RD LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Susan M. Howard, VP/Sec Susan M. Howard 4/11/07 (502) 426-4800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
*Vice President Secretary*