


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000002925	
1. Entity Name HDI ORLANDO LLC	

Principal Place of Business 2620 REGATTA DRIVE, SUITE 208B LAS VEGAS, NV 89128	Mailing Address 2620 REGATTA DRIVE, SUITE 208B LAS VEGAS, NV 89128
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05072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1146059	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BALSLEY, SHIRLEY
7083 GRAND NATIONAL DRIVE, SUITE 104
ORLANDO, FL 32819

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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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEALTHDATA INSIGHTS, INC. 2620 REGATTA DRIVE, SUITE 208B LAS VEGAS, NV 89128
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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:  **LANE ADENAUER, EVP, HEALTHDATA INSIGHTS, INC. MANAGING MEMBER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **Date** 5/8/2006 **Overtime Phone #** 702 243.8