

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90077 024 \*\*\*\*50.00

DOCUMENT # L00000003248

1. Entity Name

ORTEGA BUSINESS PARK, LLC



Principal Place of Business

27 SOUTH 32ND AVE.

JACKSONVILLE BEACH, FL 32250

6361 103rd Street

JACKSONVILLE, FL 32210

Mailing Address

P.O. BOX 50519

JACKSONVILLE BEACH, FL 32240-5019



01112005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3637042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS DUMAS, INC.

27 SOUTH 32ND AVE.

JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR **DUMAS**  
NAME THOMAS DUMAS, INC.  
STREET ADDRESS POB 50519  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32240

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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:

*Thomas R. Dumas, Mgr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-20-05 904.241.7774