


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90144 003 \*\*\*\*50.00

DOCUMENT # L00000003248	
1. Entity Name ORTEGA BUSINESS PARK, LLC	

Principal Place of Business 6361 103RD STREET JACKSONVILLE, FL 32210	Mailing Address P.O. BOX 50519 JACKSONVILLE BEACH, FL 32240-5019
--	--

DO NOT WRITE IN THIS SPACE



01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3637042	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  THOMAS DUMAS, INC. DUMAS, Thomas R 27 SOUTH 32ND AVE. 7033 Collins Road JACKSONVILLE BEACH, FL 32250 Jacksonville, FL 32244
---

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 <u>Thomas R Dumas</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>Feb 6, 2006</u>

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS DUMAS, INC. POB 50519 JACKSONVILLE BEACH, FL 32240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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: <u>Thomas R Dumas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>Feb 6, 2006</u> Daytime Phone # <u>904.241.7774</u>