2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000005224 1. Entity Name							,		!			
ORTEGA FOREST VENTURES, L.L.C.							FILED					
							2001 JUN -7 AM [1: 19					
	e of Business	Mailing Address	· -									
4703 QUEEN LANE JACKSONVILLE FL 32210			4703 QUEEN LANE JACKSONVILLE FL 32210			!	DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA					
Principal Place of Business							,					
Z. Mincipal H	race of Busine	38S	3. Mailing Address			1 (30)(21) 21) 22 1 22 1 22 1 22 1 22 1 22 1 23						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number			 - - - - - - - - - -	pplied For ot Applicable		
Zip	Country		Zip	Zip Coun		5. Certificate of Status D		ficate of Status Desired		\$5.00 Add Fee Require		
	6. Name	Registered Agent	Agent			7. Name and Address of New Registered Agent						
MILLER, THOMAS O 4703 QUEEN LANE					Street Address (P.O. Box Number is Not Acceptable)							
JACKSOI	NVILLE FL 3	2210										
City									F	Zip Cod	e 	
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.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$50.0 Make Check Payable to Department							State					
9.		MANAGING MEMB	ERS/MEMBERS	MEMBERS 10.				ADDITIONS/	CHANG	ES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, T 4703 QUE JACKSON		☐ Delete	☐ Delete Title NAME STREE CITY-					,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1				100004	- 36 6/01 50. 6	01033-	011	
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TITLE NAME STREET ADDRESS CITY-\$T-ZIP		NAN Stri		1						☐ Change	☐ Addition	
NAME AND STREET ADDRESS CITY-ST-ZIP			☐ Delete					4	<u></u>	☐ Change	☐ Addition	
11. I hereby of indicated	pertify that the	information supplied with is true and accurate and	this filing does not qualify fo that my signature shall have	r the exer	nption stat	ted in Se	ction 119.0 ade under	07(3)(i), Florida Statutes. I oath; that I am a manag	further o	ertify that the in ber or manage	nformation or of the	

SER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: MONOTO ON PRINTED NAME OF

(904)777·5700 Daytime Phone #

Date