

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92174 015 \*\*\*\*55.00

**DOCUMENT # L01000018866**

1. Entity Name

131 NORTH ORANGE AVENUE, LLC



Principal Place of Business

100 EAST PINE STREET, SUITE 302  
ORLANDO FL 32801

Mailing Address

100 EAST PINE STREET, SUITE 302  
ORLANDO FL 32801

2. Principal Place of Business

100 E. PINE STREET

Suite, Apt. #, etc.

SUITE 600

3. Mailing Address

Suite, Apt. #, etc.

SUITE 600

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32801

Country

US

Zip

32801

Country

US

4. FEI Number

59-3758127

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DIETRICH, D. PAUL II  
37 NORTH ORANGE AVENUE, SUITE 200  
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KUHN, CAMERON B  
100 EAST PINE STREET, SUITE 302  
ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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NAME  
STREET ADDRESS  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100 E. PINE STREET, #600  
ORLANDO, FL 32801 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*CAMERON KUHN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/30/03

Daytime Phone #

(407) 376-9660

CR2E083 (10/02)