LIMITED LIABILITY COMPANY

Mar 18, 2002 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** L01000021360 **DOCUMENT#** 03-18-2002 90181 011 ****50.00 1. Entity Name ORTEGA RIVERPLACE, LLC 801420 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code City FL 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, typed or printed name of registered agent and title if applicable. FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS TITLE TITLE MGRM NAME NAME Atlee, Kenyon S. STREET ADDRESS STREET ADDRESS 4501 Beverly Avenue CITY-ST-7IP CITY-ST-ZIP Jacksonville, FL 32210 TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIE CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

STREET ADDRESS CHTY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

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FILED