2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013042

1. Entity Name

O.R.A.A. MANAGEMENT GROUP #1, L.L.C.



FILED Mar 13, 2003 8:00 am Secretary of State 03-13-2003 90002 007 ****50.00

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S. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Dity FL Zip Code Street Address (P.O. Box Number is Not Acceptable) 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 familier with, and accept the obligations of registered agent. SIGNATURE MANAGING MEMBERS / MANAGERS MANAGING MEMBERS / MANAGERS TILE TILE MANAGING MEMBERS / MANAGERS TILE MANAGING MEMBERS / MANAGERS TILE	City & State		City & State						
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name GREEN, JERRY ESO. 9200 S. DADELAND BLVD., STE. 700 MAMM FL 33156 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 MANAGING MEMBERS IN INDITE Registered Agent appearant required when rendating) MANAGING MEMBERS INDITE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES TITLE NAME SIREET ADDRESS CITY-ST-2P COLAS (ASASI), FL. 3018 G TITLE NAME SIREET ADDRESS CITY-ST-2P Addition NAME SIREET ADDRESS CITY-ST-2P TITLE Change Addition NAME SIREET ADDRESS CITY-ST-2P Addition NAME SIREET ADDRESS CITY-ST-2P TITLE Change Addition NAME SIREET ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P TITLE Change Addition NAME SIREET ADDRESS CITY-ST-2P TITLE Change Addition NAME SIREET ADDRESS CITY-ST-2P TITLE Change Addition NAME SIREET ADDRESS CITY-ST-2P TITLE Change ADDRESS CITY-	Zip Country		Zip	Zip Country		5 Certificate of Status Desired \$5.00 Additional			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE TILE NOW!!! FEE IS \$50.00	9200	O S. DADELAND BLVD., STE. 70	Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Signature Typed or printed name of registered agent and tills if applicable. (NOTE: Registered Agent signature required when reinstating)	•				City		FL	Zip Coc	le
Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	8. The above the obligat	e named entity submits this statementions of registered agent.	t for the purpose of changing i	ts registere	ed office or registe	ered agent, or i	ooth, in the State of Florida. I am f	amiliar with,	and accept
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11. I hereby certify that the information supplied with this filing does not prefit for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		Partification information and the first	international designation of the second seco				NO 51 (1) 00 1 (1)		, ,

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: SIGNATURE AND TYPED

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE