

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90230 029 \*\*\*\*50.00

**DOCUMENT # L02000015844**

1. Entity Name

ORGL PROPERTY MANAGEMENT, LLC



Principal Place of Business

901 SOUTH TAMiami TRAIL  
VENICE, FL 34285 US

Mailing Address

901 SOUTH TAMiami TRAIL  
VENICE, FL 34285 US

**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

02-0627091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M  
720 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GONTER, PAUL W M.D.  
330 PENSACOLA ROAD  
VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ORMAN, STEPHEN V M.D.  
438 ANCHORAGE DRIVE  
NOKOMIS, FL 34275

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/2/06

Date

941-484-3531

Daytime Phone #