

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90036 023 \*\*\*\*50.00

**DOCUMENT # L02000017368**

1. Entity Name

**ORANGE MALL PARTNERS, L.L.C.**



Principal Place of Business

Mailing Address

**300 PARK AVENUE NORTH, SUITE 201  
WINTER PARK FL 32789**

**300 PARK AVENUE NORTH, SUITE 201  
WINTER PARK FL 32789**

2. Principal Place of Business

**7649 SAN REMO PL.**

3. Mailing Address

**2457-A SO. HIAWASSEE  
ROAD  
# 318**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

Zip  
**32835**

Country  
**ORANGE**

Zip  
**32835**

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUILDER, J. LINDSAY JR.  
369 NORTH NEW YORK AVE.  
WINTER PARK FL 32789**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
THADANI, ANIL H  
300 PARK AVENUE NORTH, SUITE 201  
WINTER PARK FL 32789**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
NANDWANI, RAMESH S  
7649 SAN REMO PLACE  
ORLANDO FL 32835**

☐ Delete

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

TITLE  
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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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

**ANIL H. THADANI  
MANAGING MEMBER**

**1/7/03**

**407 647-6360**

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

Date

Daytime Phone #

CR2E083 (10/02)