FILED
May 14, 2003 8:00 am
Secretary of State
04-25-2003 90760 048 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019711

1. Entity Name
ORTEGA FARMS PROPERTY, LLC

44001516

Principal Place of Business	Mailing Address
~~3946 ST. JOHNS AVENUE, SUITE 17-8 = JACKSONVILLE, FL 32205 = = =~~	~~3946 ST. JOHNS AVENUE, SUITE 17-8 = = JACKSONVILLE, FL 32205 = =~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4162 Oxford Avenue	4162 Oxford Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32210 Country: USA	Zip: 32210 Country: USA

4. FEI Number: 82-0556892 ☐ 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
STONEBURNER, BERRY & SIMMONS, P.A. ONE INDEPENDENT DRIVE, SUITE 2000 JACKSONVILLE, FL 32202	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 _____ DATE

FILING FEE IS $600.00
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	☐ Delete	Member/Managing Member Taylor M. Smith, Sr. 4162 Oxford Avenue Jacksonville, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	Member/Managing Member Edward A. Dempsey, III 4616 Yacht Club Road Jacksonville, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

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: _____ Apr. 22 2003 (904) 388-4148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Taylor M. Smith, Sr., Member