

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90088 026 ***138.75

DOCUMENT # L03000023443 1. Entity Name ORTIZ 24, L.L.C.					
Principal Place of Business 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909			Mailing Address 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909		
2. Principal Place of Business - No P.O. Box # 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903		3. Mailing Address 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903			
Zip	Country	Zip	Country	4. FEI Number 20-0068384	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FULLENKAMP, DENNIS J 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909			7. Name and Address of New Registered Agent Name Fullenkamp, Dennis J. Street 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903 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 2-4-08 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLENKAMP, DENNIS J 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fullenkamp, Dennis J. 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAYHORN, MICHAEL A 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Strayhorn, Michael 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: DATE 2-4-08 DAYTIME PHONE # 239-995-4884 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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