


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000036352</b> 1. Entity Name ORTEGA GROUP, LLC	
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Principal Place of Business 701 WEST ADAMS STREET JACKSONVILLE, FL 32204	Mailing Address 701 WEST ADAMS STREET JACKSONVILLE, FL 32204
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**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0291132	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ALLRED, BARRY L  
701 WEST ADAMS STREET  
JACKSONVILLE, FL 32204

**DO NOT WRITE  
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 re-stating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLRED, BARRY L 701 WEST ADAMS STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAJEWSKI, JAMES L 701 WEST ADAMS STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAMILTON, DAVID W 701 WEST ADAMS STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCMURRAY, MICHAEL L 701 WEST ADAMS STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WELCH, MATTHEW D 701 WEST ADAMS STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARKER, WYNSTON S 701 WEST ADAMS STREET JACKSONVILLE, FL 32204

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01/21/05-80010-018 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  J.L. Gajewski 1-12-05 904-265-5542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #