


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90176 042 ****50.00

DOCUMENT # L03000036352						
1. Entity Name ORTEGA GROUP, LLC						
Principal Place of Business 701 WEST ADAMS STREET JACKSONVILLE, FL 32204			Mailing Address 701 WEST ADAMS STREET JACKSONVILLE, FL 32204			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		02172006 Chg-LLC CR2E083 (11/05)		
4. FEI Number 20-0291132				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ALLRED, BARRY L 701 WEST ADAMS STREET JACKSONVILLE, FL 32204			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 _____ (NOTE: Registered Agent signature required when reinstating)						
Signature, typed or printed name of registered agent and title if applicable.						
DATE						
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE MGRM	NAME ALLRED, BARRY L		<input type="checkbox"/> Delete	TITLE MGRM	NAME STINSON, JOHN B.	
STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE MGRM	NAME GAJEWSKI, JAMES L		<input type="checkbox"/> Delete	TITLE MGRM	NAME STINSON, JOHN B.	
STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE MGRM	NAME HAMILTON, DAVID W		<input type="checkbox"/> Delete	TITLE MGRM	NAME STINSON, JOHN B.	
STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE MGRM	NAME MCMURRAY, MICHAEL L		<input type="checkbox"/> Delete	TITLE MGRM	NAME STINSON, JOHN B.	
STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE MGRM	NAME WELCH, MATTHEW D		<input type="checkbox"/> Delete	TITLE MGRM	NAME STINSON, JOHN B.	
STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE MGRM	NAME PARKER, WYNSTON S		<input type="checkbox"/> Delete	TITLE MGRM	NAME STINSON, JOHN B.	
STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 701 WEST ADAMS STREET	JACKSONVILLE, FL 32204	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	JACKSONVILLE, FL 32204	
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: <u>J. L. GAJEWSKI</u> 02-17-2006 904-353-6500						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #						