


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000036862	
<b>1. Entity Name</b> ORTEGA STORAGE, LLC	

<b>Principal Place of Business</b> 751 OAK STREET, SUITE 600 JACKSONVILLE, FL 32204	<b>Mailing Address</b> 751 OAK STREET, SUITE 600 JACKSONVILLE, FL 32204
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04042005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 35-2215493	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SHAW, R. LAMAR JR. 751 OAK STREET, SUITE 600 JACKSONVILLE, FL 32204	<b>DO NOT WRITE IN THIS SPACE</b>
<b>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.</b>	

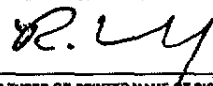
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	<b>DATE</b> _____
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**Filing Fee is \$50.00**  
**Due by May 1, 2005**

1100000292653  
04/07/05-80080-002 50.00

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> THORNTON SHAW, LLP 751 OAK STREET, SUITE 600 JACKSONVILLE, FL 32204
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

<b>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.</b>		
<b>SIGNATURE:</b> 	<b>4/4/05</b>	<b>904-358-0900</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>