2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # L0500065869 1. Entity Name ORTEGA PROPERTIES INVESTMENT II, LLC					04-17-2006 90032 027 ****50.00			
Principal Place 1021 OAK ST JACKSONVILL	TREET	Mailing Address 1021 OAK STREET JACKSONVILLE, FL 32204			4 (4 4 1) 4 1 1 1	ipisi siin seni seni geni	a dija gijgi gjizi laba 41MB (a	1981. (II 1881.
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02272006	Chg-LLC	CR2E083 (11/05)	
City & State	9	City & State			4. FE1 Numbe 20-3	101084	No	plied For ot Applicable
Zip	Country	Zip Count		try	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				
011017701	1 1 14 15 15 14			Name				
CHRITTON, J. KIRBY 1301 RIVERPLACE BLVD. JACKSONVILLE, FL 32207				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.								
CICNATURE								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Fi Di					Make check payable to Florida Department of State			
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Defete	TITL	E			☐ Change	☐ Addition
NAME	Parham, william H.		NAM					
STREET ADDRESS	1021 oak street	.1		ET ADDRESS				ľ
CITY-ST-ZIP	Jacksonville, FL 32		ÇIIY	-ST-ZIP				
TITLE	MGRM	Delete	TITL				Change	Addition
NAME	James Thompson	a Drive	NAM	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	4942 oratega fore Jaeksonville, FL	2210		-ST-ZIP				
	Jackson Mic, FL						☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITL				(cuange	Addition
STREET ADDRESS				EET ADDRESS				ł
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITL	E			☐ Change	☐ Addition
NAME			NAW	VE.				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			¢m	r-ST-ZIP				
TITLE		☐ Delete	ΠIL				☐ Change	☐ Addition
NAME			NAM	1				
STREET ADDRESS CITY-ST-ZIP				eet address /-st-zip				
		П					Change	Addition
title Name		☐ Delete	TITL NAM	I			☐ Change	☐ Addition
STREET ADDRESS				EET ADDRESS				ł
CITY-ST-ZIP			•	/-ST-ZIP				
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 occurate 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.								

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #