2000 UNIFORM BUSINESS REPORT (UBR)				APPROVED AND			
DOCUMENT # L9800001140 1. Entity Name					LED	·»	
ORANGE GROVE CENTER, L.C.				00 M/1." - 1	- AN II: 38		
				SECRETAR	Y OF STATE SEE. FLORIDA		
Principal Place of Business Mailing Address				TALLAHAS!	SEE.FLURIDA		
	PINE DRIVE. SUITE 2	., .24840 BURNT PINE,DRIVE. BONITA SPRINGS FL 34134					
Principal Place of Business     3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State City &		City & State		4. FEI Number 59-3530268 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required		litional	
	6. Name and Address of Current Re	egistered Agent	Nome	7. Name and Address of Ne	w Registered Agent		
CONDOV 1 THOMAS III			Name Stroot Address	Street Address (P.O. Box Number is Not Acceptable)			
MORRISON & CONROY, P.A.			Street Address	Sileet Address (F.O. Box Normal Is Not Acceptable)			
3838 TAMIAMI TRAIL NORTH, SUITE 402 NAPLES FL 34103			City		<b>E</b> Zip Code	9	
				FL			
8. The above	named entity submits this statement for the	he purpose of changing its re	egistered office or registe	ered agent, or both, in the State o	f Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating)	. DATE		
		FILE NOV	W!!! FEE IS \$50.00				
	•	i i	able to Department of	of State	1		
9.	MANAGING MEMBER	S/MEMBERS	10.	ADDITIO	NS/CHANGES		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM NASHMAN, JAMES A 24840 BURNT PINE DRIVE, SUITE BONITA SPRINGS FL 34134	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE	MGRM	☐ Delete	TITLE		Change	Addition (	
NAME STREET ADDRESS CITY-ST-ZIP	24840 BURNT PINE DRIVE, SUITE 2		NAME STREET ADDRESS CITY-ST-ZIP	0000032610503 -05/22/0001022003			
TITLE	The second secon	Deleta	-TITLE	****	*50.00 ************		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		Delets	TITLE NAME	,	Chango	Addition	
STREET ADDRESS CITY-ST-ZIP		<del>.</del>	STREET ADDRESS GITY-ST-ZIP		[ [		
TITLE NAME	Later 1	☐ Delete	TITLE		Change	Addition	
STREET ADDRESS City-ST-Zip			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		Detector	TITLE NAME STREET ADDRESS		☐ Change	actilities	
11. I hereby of indicated	certify that the information supplied with the on this report is true and accurate and the	is filing does not qualify for that my signature shall have the	he exemption stated in See same legal effect as if r	ection 119.07(3)(i), Florida Statut made under oath; that I am a ma	es. I further certify that the in inaging member or manage	nformation r of the	
indicated on this report is true and accurate and training 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 trusted empoyered to execute this report as required by Chapter 608, Florida Statutes.  O1-20-2000 941-498-5363							
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Date	Daytime Phone #		
				<del></del>			