2001 UNIFORM BUSINESS REPORT (UBR)										
DOCUMENT # L9900002580  1. Entity Name  THE ORDERNS WAY PARTNERSHIP   C										
THE GREENS WAY PARTNERSHIP, L.C.								FILEU		
			•					01 FEB 12 PM 3:41		
Principal Place of Business Mailing Address								SECRETARY OF STATE TALLAHASSEE, FLORIDA		
5150 PALM VALLEY ROAD. BLDG. 2. SUITE 100 5150 PALM VALLEY ROAD. PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 3						. 2, SUITE 1	100	TALLAHASSEE, FLORIUA		
٠_								) (1861/19) (1861/19) (1817/19) (1817/19) (1817/19) (1817/19) (1817/19) (1817/19)		
2. Principal Pl	lace of Busine	ss VALLE (0	3. M	ailing Address	- N	A1713	0	T HERITANI SIO IRNIO 10011 BONIO		
Suite, Apt.		200	Su	uite, Apt. #, etc.	y	<u> </u>		DO NOT WRITE IN THIS SPACE		
City & State	ITE	200	Ci	ty & State				4. FEI Number Applied For		
Zip	<del></del> T	Country	Zi	p	Cour	ntry		5. Certificate of Status Desired \$5.00 Additional		
	6 Name s	and Address of Current I	Registe	red Agent		<u></u>		7. Name and Address of New Registered Agent		
<b>26.7</b> (2007)	U. Manie a	THE Address of Current	- :		<del></del>	Name _	· · · · · · ·	- 3		
ZYSKI, JERRY							Street Address P.O. Box Number is Not Acceptable)			
5150 PALM VALLEY ROAD, BLDG. 2, SUITE 100 PONTE VEDRA BEACH FL 32082						S	して	E 200		
						City	3. 2	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.										
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	Organization, typed of	printed reality of registross against						,		
•				HILE N Make Check Pa		FEE IS \$ to Depart	-	State		
		MANAGING MEMBE	DC /MI	-MDEDS	10.			ADDITIONS/CHANGES		
9. TITLE	MGRM	MANAGING MEMBE	-NO / IVII	□ Delete	TITL		M			
NAME	ROGERS,		_		NAM	AE EET ADDRESS	7. K	Rogers De Parm Varrey Ro, Suite 200 8		
STREET ADDRESS CITY-ST-ZIP		Grass Village Driv Dra Beach Fl 32082	-			r-ST-ZIP		WE VEDAN BEACH FL 32082 &		
TITLE	MGRM			☐ Delete	TITL		2	Addition G		
NAME STREET ADDRESS	ZYSKI, JEI	rry Grass Village Driv	F	•	STR	EET ADDRESS	513	50 Parm Varry Lo, Suite 200		
CITY-ST-ZIP		DRA BEACH FL 32082			_	Y-ST-ZIP	Pow	Change Addition		
NAME		A CONTRACTOR OF THE CONTRACTOR		Delete	TITL Nāk			U Villago U Victoria		
Street Address City-St-Zip		er e		والمجيدات الهندامي		EET ADDRESS^ Y-ST-ZIP				
TITLE				☐ Delete	TITL			☐ Change ☐ Addition		
NAME					NAM	ME EET ADDRESS		0000037091105		
STREET ADDRESS CITY+ST-ZIP						Y-ST-ZIP		-02/19/0101028023 / *****55 00 *****55 00		
TITLE				☐ Delete	TITL			☐ Change ☐ Addition		
NAME . STREET ADDRESS		:			NAM Str	ieet adoress				
CITY-ST-ZIP		•			cin	Y-ST-ZIP	ļ	<u> </u>		
TITLE <sup>5</sup> NAME				☐ Delete	TITL NAX			☐ Change ☐ Addition ☐ .		
STREET ADDRESS	1			$\overline{}$	STR	EET ADDRESS				
CITY-ST-ZIP	cortifu that the	information europical with	this fill	ng does not qualify fo	or the eve	Y-ST-ZIP emption sta	ated in Sec	ction 119.07(3)(i). Florida Statutes. I further certify that the information		
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 received empowered to execute this report as required by Chapter 608, Florida Statutes.										
(1) 1/20 1 - 3119										
SIGNATURE: 1/24/6/ (964) 780-34-1										