

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92174 016 \*\*\*\*\*55.00

**DOCUMENT # M00000001342**

1. Entity Name

**TWO SOUTH ORANGE STREET, LLC**



Principal Place of Business

**100 EAST PINE STREET SUITE 302  
ORLANDO FL 32801**

Mailing Address

**100 EAST PINE STREET SUITE 302  
ORLANDO FL 32801**

2. Principal Place of Business

**100 E. PINE STREET**

3. Mailing Address

**100 E. PINE STREET**

Suite, Apt. #, etc.

**#600**

Suite, Apt. #, etc.

**#600**

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip

**32801**

Country

**US**

Zip

**32801**

Country

**US**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3659553**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KUHN, CARMERON B  
100 EAST PINE STREET SUITE 302  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**100 E. PINE STREET**

**SUITE 600**

City

**ORLANDO**

FL

Zip Code

**32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **KUHN-JDI HOLDINGS, LLC**  
STREET ADDRESS **33 EAST ROBINSON STREET, SUITE 200**  
CITY-ST-ZIP **ORLANDO FL 32801**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **100 E. PINE STREET, SUITE 600**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/30/03** **(407) 546-9966**

CR2E083 (10/02)