
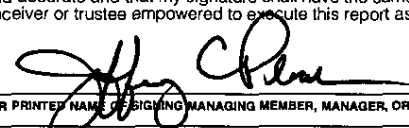


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90067 025 \*\*\*\*50.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # M01000001629</b><br>1. Entity Name<br><b>ORIX JLL ORLANDO, LLC</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>C/O ORIX REAL ESTATE EQUITIES, INC.<br/>         100 N. RIVERSIDE, STE. 1400<br/>         CHICAGO, IL 60606</b>   |   |   | Mailing Address<br><b>C/O ORIX REAL ESTATE EQUITIES, INC.<br/>         100 N. RIVERSIDE, STE. 1400<br/>         CHICAGO, IL 60606</b> |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |  |  |
| City & State  |   | City & State  |   |  |  |
| Zip   | Country   | Zip   | Country   | 4. FEI Number<br><b>36-4457019</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent   |   |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>LEXISNEXIS DOCUMENT SOLUTIONS INC.<br/>         1201 HAYS STREET<br/>         TALLAHASSEE, FL 32301</b>  |   |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |   |   |  |  |
| <b>Filing Fee Is \$50.00<br/>Due by May 1, 2004</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>      |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |   | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>ORIX ORLANDO FLORIDA, LLC<br/>100 N RIVERSIDE PLZ, STE 1400<br/>CHICAGO, IL 60606</b> | <input type="checkbox"/> Delete                                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| 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>SIGNATURE:</b>    |   | <b>JEFFREY C. PLACK</b>   |   | <b>4/16/04</b>   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   | <small>Date</small>   |   | <small>Daytime Phone #</small>   |  |