2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100001629

1. Entity Name

ORIX JLL ORLANDO, LLC



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90001 023 ****50.00

Principal Place of Business C/O ORIX REAL ESTATE EQUITIES. INC. 100 N. RIVERSIDE. STE. 1400 CHICAGO IL 60606		Mailing Address C/O ORIX REAL ESTATE EQUITIES, INC. 100 N. RIVERSIDE, STE. 1400 CHICAGO IL 60608		11181441	.UA MERIER INGKA MARAJ MERIA M	5131 88 111 88 181 718	i n o lihi n i	 18 18 181 1 181 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Numbe	36-4457019		\vdash	oplied For ot Applicable]
Zip	Country	Zip	Country	5. Certificate	of Status Desired		00 Add	ditional	
	6. Name and Address of Current Re	egistered Agent		7. Name and	Address of New Reg	istered Agen			1
CT	CORPORATION SYSTEM		Name			iototoo rigoti		<u>-</u>	
	0 South Pine Island Road Intation FL 33324	Street Addre		ess (P.O. Box Number is Not Acceptable)					
			City			FL Z	ip Cod	e	-
the obligat	named entity submits this statement for to ions of registered agent.	he purpose of changing its re	egistered office or registe	ered agent, or both	, in the State of Florid	la. I am familia	ar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	, , , , ,	DATE			
		Make Check Payable Due	By May 1, 2003						
9.	MANAGING MEMBERS	S/MANAGERS	10.		ADDITIONS/CH	HANGES] .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORIX ORLANDO FLORIDA, LLC 100 N RIVERSIDE PLZ, STE 1400 CHICAGO IL 60606	□ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP				Change	☐ Addition	F083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	CBS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, S	□ Delète	TITLE NAME STREET ADDRESS CITY-ST-ZIP	e gerene je i		~ · · · <u>-</u> □ c	hange ¯	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ C	hange	☐ Addition	
TITLE		☐ Delete	TITLE				hange	☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF S

Jeffrey

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jeffrey C. Plack

C. Plack 4/4/0

4/4/03 312/669-6400