

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90307 020 \*\*\*\*50.00

DOCUMENT # M02000003286

1. Entity Name

OAKRIDGE FINANCIAL ASSOCIATES, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

555 East Main Street

3. Mailing Address

555 East Main Street

Suite, Apt. #, etc.

17th Floor

Suite, Apt. #, etc.

17th Floor

City & State

Norfolk VA

City & State

Norfolk VA

Zip

23510

Country

Zip

23510

Country

4. FEI Number

223807824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager  
ORFA Managing Co., LLC  
555 East Main Street, 17th Floor  
Norfolk VA 23510

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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IN THIS SPACE**

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]*

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

Jordan E. Stone

Date

4-14-03

Daytime Phone #

757-6410-0800

CR2E083B (12/02)