

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

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

04-07-2003 90616 023 \*\*\*\*\*50.00

**DOCUMENT #** M02000003375

**1. Entity Name**

ORIX TRIAD LAKE FOREST, LLC



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

100 N. Riverside Plaza

Suite, Apt. #, etc.

Suite 1400

City & State

Chicago, Illinois

Zip

60606

Country

USA

**3. Mailing Address**

100 N. Riverside Plaza

Suite, Apt. #, etc.

Suite 1400

City & State

Chicago, Illinois

Zip

60606

Country

USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

65-1163826

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

LexisNexis Document Solutions Inc.

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

3953 WW Kelley Road

City

Tallahassee

FL

Zip Code

32311

**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** MBR  
**NAME** ORIX Real Estate Equities, Inc.  
**STREET ADDRESS** 100 N. Riverside Plaza, Ste. 1400  
**CITY-ST-ZIP** Chicago, IL 60606

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**DO NOT WRITE  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jeffrey C. Plack

4/4/03

Date

312/669-6400

Daytime Phone #

CR2E083B (12/02)