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ORIX

ORIX Real Estate Equities, Inc.

100 North Riverside Plaza, Suite 1400, Chicago, IL 60606  
Tel: 312-669-6400 Fax: 312-669-6464  
<http://www.orixre.com>

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

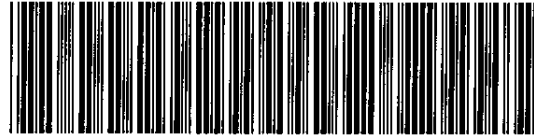
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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ORIX Real Estate Capital, Inc.

Barbara A. Stanko  
Vice President - Administration  
100 North Riverside Plaza, Suite 1400, Chicago, IL 60606  
TEL: 312-669-6413 FAX: 312-669-6402

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject: ORIX Triad Lake Forest Phase I, LLC

Dear Sir or madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara A. Stanko  
ORIX Real Estate Capital, Inc.  
100 North Riverside Plaza, Suite 1400  
Chicago, Illinois 60606

For further information concerning this matter, please call:

Barbara A. Stanko 312/669-6413

Enclosed is a check for the following amount:

\$25.00 filing fee

Yours truly,

Barbara A. Stanko  
Assistant Secretary

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

ORIX TRIAD LAKE FOREST PHASE I, LLC

(Name of limited liability company)

ILLINOIS

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

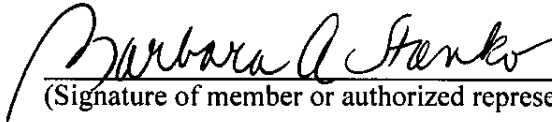
100 NORTH RIVERSIDE PLAZA, SUITE 1400

(Mailing address)

CHICAGO, IL 60606

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Barbara A. Stanko

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**