

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

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

04-07-2003 90616 022 *****50.00

DOCUMENT # M02000003402

1. Entity Name

ORIX TRIAD LAKE FOREST PHASE I, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 North Riverside Plaza

Suite, Apt. #, etc.

Suite 1400

City & State

Chicago, Illinois

Zip

60606

Country

USA

3. Mailing Address

100 N. Riverside Plaza, Suite 1400

Suite, Apt. #, etc.

Suite 1400

City & State

Chicago, Illinois

Zip

60606

Country

USA

1400

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1163827

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

**DO NOT WRITE
IN THIS SPACE**

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
MBR
ORIX Lake Forest Phase I, LLC
100 N. Riverside Plaza, Suite 1400
Chicago, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MBR
Triad Investors, Inc.
6355 Metrowest Blvd., Suite 330
Orlando, FL 32835

TITLE
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STREET ADDRESS
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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:

Jeffrey C. Plack

4/4/03

312/669-6400

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

Date

Daytime Phone #

CR2E083B (12/02)