

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003525

1. Entity Name
1621 VENTURE III, LLC

Principal Place of Business **Mailing Address**
ONE SAN JOSE PLACE, #7 **ONE SAN JOSE PLACE, #7**
JACKSONVILLE, FL 32257 **JACKSONVILLE, FL 32257**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

FILED
 01 AUG 24 PM 1:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4. FEI Number 59-3635037 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
MAEM CORPORATE SERVICES, INC.
ATTN: JOHN D. MILTON, JR.
ONE INDEPENDENT DRIVE, SUITE 3000
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
 Name
V. HAWLEY SMITH, JR
 Street Address (P.O. Box Number is Not Acceptable)
ONE SAN JOSE PLACE, SUITE 7
 City: **JACKSONVILLE** FL Zip Code **32257**

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.

SIGNATURE V. Hawley Smith, Jr. **8/23/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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-08/28/01--01064--027
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: V. Hawley Smith, Jr. **8/23/01** **904-268-9990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)