

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002771 AF

**DOCUMENT # L00000014348**

1. Entity Name  
**1ST PALM ADVISORS LLC**

FILED

01 MAR 16 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 6650 SOUTHPOINT PARKWAY, SUITE 204 JACKSONVILLE FL 32216  
Mailing Address: 6650 SOUTHPOINT PARKWAY, SUITE 204 JACKSONVILLE FL 32216



2. Principal Place of Business: 4905 Belfort Road, Suite 110, Jacksonville, FL  
3. Mailing Address: 4905 Belfort Road, Suite 110, Jacksonville, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number:  Applied For /  Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: INTRASTATE REGISTERED AGENT CORPORATION, 701 BRICKELL AVENUE, SUITE 3000, MIAMI FL 33131  
7. Name and Address of New Registered Agent: (Blank)

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

500003888725-8  
-03/20/01--01092--001  
\*\*\*\*100.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE: Member NAME: Laren, Philip G. STREET ADDRESS: 4905 Belfort Road, Suite 110 CITY-ST-ZIP: Jacksonville, FL 32256	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Member NAME: Mackey, Ann R. STREET ADDRESS: 4905 Belfort Road, Suite 110 CITY-ST-ZIP: Jacksonville, FL 32256	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*Handwritten:* \$50.00

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 REQUIRED Member DATE: 3/13/01 DAYTIME PHONE #: 904-281-5053

CR2E088 (11/00)