


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000015002				
1. Entity Name 2621 SOUTH PONTE VEDRA BOULEVARD, L.L.C.				
Principal Place of Business C/O FREDDY FARAH 1030 NORTH ELLIS JACKSONVILLE, FL 32254		Mailing Address C/O FREDDY FARAH 1030 NORTH ELLIS JACKSONVILLE, FL 32254		
2. Principal Place of Business		3. Mailing Address		
State, Apt. #, etc.		State, Apt. #, etc.		
City & State		City & State		
Zip		Country		Country
		PEI Number 01-0771765		Applied For [Not Applicable]
		Certificate of Status Ordered <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
DUSS, JOHN B IV C/O FORD, JETER, ET AL 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____				
[Redacted Signature]				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM FARAH, FREDDY 1030 NORTH ELLIS JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		<input type="checkbox"/> Delete	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		<input type="checkbox"/> Delete	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		<input type="checkbox"/> Delete	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included 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 806, Florida Statutes.				
SIGNATURE: <i>Freddy Farah</i>		DATE: 6/15/03		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF BEING MANAGING MEMBER, MANAGER OR APPROVED REPRESENTATIVE</small>				

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CHECK HERE IF MAKING CHANGES

CRE0303 (10/02)

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