2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 APR 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001187

1. Entity Name

BLACKBURN & COMPANY, L.C.

Principal Place of Business	Mailing Address
6620 SOUTHPOINT DRIVE. SOUTH. SUITE 200 SOUTHPOINT BUILDING JACKSONVILLE FL 32216	6620 SOUTHPOINT DRIVE. SOUTH. SUITE 200 SOUTHPOINT BUILDING JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5150 BELFORT RD. SOUTH	5150 BELFORT RD. SO.
Suite, Apt. #, etc.: BLDG 500	Suite, Apt. #, etc.: BLDG 500
City & State: JACKSONVILLE FLA.	City & State: JACKSONVILLE FLA.
Zip: 32256 Country: USA	Zip: 3225[illegible] Country: USA

4. FEI Number: 59-3519390 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLACKBURN, DENNIS L ~~6620 SOUTHPOINT DRIVE, SOUTH, SUITE 200~~ ~~SOUTHPOINT BUILDING~~ JACKSONVILLE FL ~~32216~~	Name Street Address (P.O. Box Number is Not Acceptable): 5150 BELFORT RD. SOUTH BUILDING 500 City: JACKSONVILLE FL Zip Code: 32256

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: [signature], MGR MEMBER — DATE: 4/9/01

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BLACKBURN, DENNIS L ~~6620 SOUTHPOINT DRIVE, SOUTH, SUITE 200~~ JACKSONVILLE FL ~~32216~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5150 BELFORT RD. SO, BLDG 500 JACKSONVILLE, FL. 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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 — 4/9/01 — (904) 296-7743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #