	ADILITY COMPANY	FEE.	EL OBIDA DED	ARTMENT OF STATE		กะบริการ์	LEO RY OF STATE CORPORATIONS	
-	ABILITY COMPANY JAL REPORT		Kathe	rine Harris	l l			
	1999			Secretary of State DIVISION OF CORPORATIONS		55 WD 29 AM II: 37		
	Annual Report \$10							
\$ 188.75 . Name and Ma	Make Check Paya ailing Address bility Company	CUMEN		000001357	<u>:</u>    -			
	ANCIAL PLANN			T. C.	1a. Principal Plac	ce of Business	Address	
130	1 RIVERPLACE KSONVILLE FL	BOULEV					CE BOULEVARD, FL 32207	
2 Principal Place of Business 2a. M			Mailing Address			3. Date Organized or Qualified 3a. State of Formation		
Suite, Apt. #, etc.		Suite,	Suite, Apl. #, etc.  City & State			08/05/1998 FL		
		City			4. FEI Number 39 - 354360		Applied For	
ny a state		Oity d	Jidle			943661 eport	Not Applicable  6. Certificate of Status Desired	
ıρ	Country	Zip		Country		.,	S8.75 Additional Fee Required	
7	. Name and Address of Cu	rrent Register	ed Agent		8. Name and Address	of New Regist	tered Agent/Office	
				Suite, Apt. #, i	etc.		7 in Code	
Pursuant to th	ne provisions of Sections 600	416 and 608.5	08. Florida Statule	City		FL phriits this state	Zip Code	
s registered offic		, in the State of F		City	ted liability company su	bmits this state	ment for the purpose of changing	
s registered office s registered age	ce or registered agent, or both ent, and accept the obligation	, in the State of F is.	Torida. Such chang	city s, the above named limit e was authorized by affin	ted liability company so mative vote of a majority	bmits this state	ment for the purpose of changing	
s registered offices registered age	ce or registered agent, or both ent, and accept the obligation	, in the State of F is. enting Appendicions	Torida. Such chang	City	ted liability company su mative vote of a majority	ibmits this state of the members	ment for the purpose of changing	
s registered offices registered age	ce or registered agent, or both ent, and accept the obligation (Registered Agent Acc	, in the State of Fins.  onting Appendicates nagers	(NOTE Registered Age	City  5, the above-named limit e was authorized by affin	ted liability company su mative vote of a majority	obmits this states of the members OATE City.	ment for the purpose of changing . Thereby accept the appointment	
registered offices registered age	ce or registered agent, or both ent, and accept the obligation (Registered Agent Age	, in the State of Fins.  onting Appendicates nagers	(NOTE Registered Age	City  s, the above named limit e was authorized by affin d signature required a man to Business Street Address	ted liability company surmative vote of a majority  SSS  BOULEVARD	chmits this state of the members of	ment for the purpose of changins. Thereby accept the appointments.  State and Zip Code	