

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000001357

FILED

1. Entity Name
FINANCIAL PLANNING PARTNERS L.L.C.

00 JAN 12 AM 8:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**1301 RIVERPLACE BOULEVARD, SUITE 2400
JACKSONVILLE FL 32207**

Mailing Address
**1301 RIVERPLACE BOULEVARD, SUITE 2400
JACKSONVILLE FL 32207-9038**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3543661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROCK, RICHARD
1301 RIVERPLACE BOULEVARD, SUITE 2400
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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.

SIGNATURE _____

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

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-01/20/00--01014--004
*******50.00 *****50.00**

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

9. MANAGING MEMBERS/MEMBERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME BROCK, RICHARD D	
STREET ADDRESS 1301 RIVERPLACE BOULEVARD, SUITE 2400	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALBANEZE, DAVID T.	
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 2400	
CITY-ST-ZIP JACKSONVILLE, FL 32207	
TITLE MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRINSON, DAVID A.	
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 2400	
CITY-ST-ZIP JACKSONVILLE, FL 32207	
TITLE MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PARSONS, HARRY M., JR.	
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 2400	
CITY-ST-ZIP JACKSONVILLE, FL 32207	
TITLE MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HINCKLEY, ROBERT W.	
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 2400	
CITY-ST-ZIP JACKSONVILLE, FL 32207	
TITLE MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VON STEIN, NEAL J.	
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 2400	
CITY-ST-ZIP JACKSONVILLE, FL 32207	
TITLE MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EVANS, MARGARET G.	
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 2400	
CITY-ST-ZIP JACKSONVILLE, FL 32207	

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER**

Date: **1-10-2000** Daytime Phone #: **904-396-4015**

CR2E083 (9/99)