

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000106

1. Entity Name

APAM CORE FIXED INCOME LLC

FILED

01 APR 30 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

201 E. PINE STREET, SUITE 600
ORLANDO FL 32801

Mailing Address

201 E. PINE STREET, SUITE 600
ORLANDO FL 32801

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

59-2896050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

MJH



6. Name and Address of Current Registered Agent

GRELECKI, RICHARD

201 E. PINE STREET, SUITE 600
ORLANDO FL 32801

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)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM ATLANTIC PORTFOLIO ANALYTICS & MANAGEMENT
STREET ADDRESS 201 E. PINE STREET, SUITE 600
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE NAME MGRM HUGGINS, ANTHONY J
STREET ADDRESS 201 EAST PINE STREET, SUITE 600
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE NAME MGRM KNIGHT, JON M
STREET ADDRESS 201 EAST PINE STREET, SUITE 600
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 000004220420 ☐ Change ☐ Addition
STREET ADDRESS -05/16/01--01097--012
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/19/01

Date

407.843.7110

Daytime Phone #

CR2E083 (11/00)

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