

2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM
A

DOCUMENT # L99000001476
 1. Entity Name
 ST. JOHNS PLACE, L.C.

FILED

00 JAN 27 AM 11:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 FL9-001-09-03
 50 NORTH LAURA STREET
 JACKSONVILLE FL 32202 -3664

Mailing Address
 FL9-001-09-03
 50 NORTH LAURA STREET
 JACKSONVILLE FL 32202-3664
 3664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 see corrections above

3. Mailing Address
 see corrections above

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
 59-3563646

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 _____ (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 NATIONSBANK COMMUNITY DEVELOPMENT CORP. **	<input type="checkbox"/> Delete
STREET ADDRESS 50 NORTH LAURA STREET 9th Floor	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE NAME **now known as Banc of America Community Development Corporation	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600003118446--2
CITY-ST-ZIP	-02/01/00--01072--001
	*****50.00 *****50.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

Handwritten signature/initials

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: By: Sarah A. Linn **SIGNATURE REQUIRED** 1/14/2000 704/386-9646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

Sarah A. Linn, Assistant Secretary

CR2E083 (9/99)