

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99/1604

1. Entity Name
210 Development, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -9 AM 10:02

Principal Place of Business Mailing Address
1395 County Rd. 210
Jacksonville, FL 32259

2. Principal Place of Business 3. Mailing Address
420 W. Mill Chase Ct.

City & State City & State 4. FEI Number Applied For
Ponte Vedra Bch, FL 59-3564536 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Fred Ahern
2215 S. 3rd St.
Jacksonville Bch, FL 32255

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>President</u>
STREET ADDRESS	<u>Michael Harrigan, MGRM</u>
CITY-ST-ZIP	<u>114 Margaget St.</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Vice President, D.P.</u>
STREET ADDRESS	<u>Richard Harrigan, MGRM</u>
CITY-ST-ZIP	<u>192 Queens Dr. S.</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Vice President, Operations</u>
STREET ADDRESS	<u>F. Andrew Moran, MGRM</u>
CITY-ST-ZIP	<u>c/o Newport Group 300 Intl. Parkway</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Vice President, Finances</u>
STREET ADDRESS	<u>Bruce E. Morris, MGRM</u>
CITY-ST-ZIP	<u>420 W. Mill Chase Ct.</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Ponte Vedra Bch, FL, 32082</u>
STREET ADDRESS	<u>600003359546--7</u>
CITY-ST-ZIP	<u>-08/16/00--01064--022</u>
	<u>*****55.00 *****55.00</u>

CR2E083 (11/99)

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: Bruce E. Morris Bruce E. Morris Date 5/19/00 Daytime Phone # 904-285-5339