

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
Suite, Apt. #, etc. Suite, Apt. #, etc.
420 W. Mill Chase Ct.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Ponte Vedra Bch, FL 59-3564536 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required
32082 St. Johns

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600003359546--7
-08/16/00--01064--022
*****55.00 *****55.00

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 5/19/00 285-5339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #