

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # **L99000002621**

1. Entity Name
ARBORETUM INVESTMENTS, L.L.C.

00 APR -3 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/18



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3667 RUSTIC LANE JACKSONVILLE FL 32217	Mailing Address 3667 RUSTIC LANE JACKSONVILLE FL 32217-4674
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2. Principal Place of Business 4241 Baymeadows Rd. Suite, Apt. #, etc. Ste. 17 City & State Jacksonville, FL Zip 32217 Country USA	3. Mailing Address 4241 Baymeadows Rd. Suite, Apt. #, etc. Ste. 17 City & State Jacksonville, FL Zip 32217 Country USA
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4. FEI Number 59-3189757	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

KESSLER, PETER A
3667 RUSTIC LANE
JACKSONVILLE FL 32217

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 STREET ADDRESS CITY-ST-ZIP	MGR KESSLER, PETER A 3667 RUSTIC LANE JACKSONVILLE FL 32217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003218051--4 -04/21/00--01014--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter A. Kessler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
PETER A. KESSLER, MGR

January 07, 2000 904-733-3885
Date Daytime Phone #

CR2E083 (9/99)