

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MA980000000542**

1. Entity Name

**PARSONS VILLAGE STATION LLC**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**710 MARTIN LUTHER KING**

3. Mailing Address

**4440 LAKE FOREST DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 110**

City & State

**SEFFNER, FL.**

City & State

**CINCINNATI, OH.**

Zip

**33584**

Country

**USA**

Zip

**45242**

Country

**USA**

4. FEI Number

**31-1598100**

Applied For

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL. 32301-2525**

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**  
**Main Office: Parsons Village Station**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **PHILLIPS EDISON & CO.** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **SEE MAILING ADDRESS**

TITLE **800004101** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **-05/01/01--01045--008**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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:

*Phillips Edison & Co.*

**4-1-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)