2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Linda HISE
SIGNATURE AND TYPED OR PRINTED NAM

DOCU 1. Entity Nam FLORIDA	ne		0000	000985				FILED 01 APR 27 PM 9: 18					eros at
Principal Place of Business 4190 BELFORT RD SUITE 475 JACKSONVILLE FL 32216				Mailing Address 4190 BELFORT RD SUITE 475 JACKSONVILLE FL 32216				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			1	DO NOT WRITE IN THIS SPACE					
City & State				ity & State					EU-3EBA7181		plied For t Applicable],	
Zip . Country				ip	Country				ficate of Status Desired	Fee	.00 Add Required		
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Curre	t Registe	ered Agent		Name		7. Nam	e and Address of New Ro	egistered Age	nt .		-
F & L CORP 200 LAURA STREET JACKSONVILLE FL 32202				,			Address (F	Iress (P.O. Box Number is Not Acceptable)					
8. The above		y submits this statement 4: or printed name of registered age			Registered	Agent signa	sture required	when reinstati	. E00004	DATE 2134 4/0101	005	01k +	14
9.		MANAGING MEM	BERS/MI	EMBERS	10.	! } .			ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1,00	•	☐ Delete							Change	☐ Addition	E083 (11/00)
TITLE NAME STREET ADDRESS				☐ Delete							Change	Addition	CR2
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- TITLE NAME STREE			* *-			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition	
11. I hereby c	on this repor	a information supplied w t is true and accurate ar by or the receiver or trust	d that my	signature shall have	the exer	nption sta	ect as if m	ade unde	07(3)(i), Florida Statutes. I r oath; that I am a manag orida Statutes.	further certify ing member or	that the in manage	formation r of the	