

2000 UNIFORM BUSINESS REPORT (UBR)

0000021 AF

DOCUMENT # L98000001946

FILED

00 JAN 27 AM 11:27

1. Entity Name
OAKLAND TRACE REDEVELOPMENT, L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
FL9-001-09-03
50 NORTH LAURA STREET
JACKSONVILLE FL 32202 -3664

Mailing Address
FL9-001-09-03
50 NORTH LAURA STREET
JACKSONVILLE FL 32202-3664
3664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
see corrections above

3. Mailing Address
see corrections above

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3538206**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATIONSBANK COMMUNITY DEVELOPMENT CORP. ** 50 NORTH LAURA STREET 9th Floor JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**now known as Banc of America Community Development Corporation
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
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
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: By: *Sarah A. Linn* **REQUIRED** **1/14/2000** **704/386-9646**
Banc of America Community Development Corporation (f/k/a NationsBank Community Development Corporation) Managing Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

Sarah A. Linn, Assistant Secretary

CR2E083 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

0000021 AF

DOCUMENT # **L98000001946**
 1. Entity Name
OAKLAND TRACE REDEVELOPMENT, L.C.

Principal Place of Business FL9-001-09-03 50 NORTH LAURA STREET JACKSONVILLE FL 32202 -3664	Mailing Address FL9-001-09-03 50 NORTH LAURA STREET JACKSONVILLE FL 32202-3664 3664
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business see corrections above	3. Mailing Address see corrections above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-3538206	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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	<input type="checkbox"/> Delete	MGRM NATIONSBANK COMMUNITY DEVELOPMENT CORP. ** 50 NORTH LAURA STREET 9th Floor JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	**now known as Banc of America Community Development Corporation
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
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.

Banc of America Community Development Corporation (f/k/a NationsBank Community Development Corporation) Managing Member
SIGNATURE: By: Sarah A. Linn **1/14/2000** **704/386-9646**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #
 Sarah A. Linn, Assistant Secretary

CR2E083 (9/99)