

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

00 MAY -5 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L99000000279**
1. Entity Name
127 SOUTH 1ST AVENUE, L.C.

Principal Place of Business Mailing Address
2111 SAWGRASS VILLAGE DRIVE 2111 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082-5030

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3550122 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNER, TIMOTHY J
2111 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

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 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
Make Check Payable to Department of State

000003279550--2
-06/07/00--01021--023
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	BENNER, TIMOTHY J	2111 SAWGRASS VILLAGE DRIVE	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MEMBER MGR	ARTHUR KIRSCHMAN	1216 SALT CE ISLAND DR	PONTE VEDRA Bch, FL 32082	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEMBER MGR	CONA GOCHT	7230 OAK MOUNT COURT	PONTE VEDRA Bch, FL 32082	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEMBER MGR	WAGAN GOCHT	7230 OAK MOUNT COURT	PONTE VEDRA Bch, FL 32082	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Timothy J Benner* SIGNATURE REQUIRED Member 4/18/00 904-273-1111
Signature and typed or printed name of signing managing member or manager Date Daytime Phone #

(6/6/01) 3803 (9/00)