

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90358 021 ****50.00

DOCUMENT # L95000000798

1. Entity Name
224 N THIRD, L.C.

Principal Place of Business
**P.O. BOX 50338
 JACKSONVILLE BEACH FL 32240**

Mailing Address
**P.O. BOX 50338
 JACKSONVILLE BEACH FL 32240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3341398**

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

7. Name and Address of New Registered Agent

**AHERN, FRED L JR
 2215 S THIRD ST
 SUITE 101
 JACKSONVILLE FL 32250**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **ECKSTEIN, JOSEPH P**
 CITY-ST-ZIP **P.O. BOX 50338
 JACKSONVILLE BEACH FL 32240**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **201 25TH AVE S. APT N-8**
 CITY-ST-ZIP **JACKSONVILLE BCH. FL 32240**

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **WALCHLE, BART A**
 CITY-ST-ZIP **P.O. BOX 50338
 JACKSONVILLE BEACH FL 32240**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **201 25TH AVE S. APT N-8**
 CITY-ST-ZIP **JACKSONVILLE BCH. FL 32240**

TITLE ☐ Delete
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☐ Change ☐ Addition
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 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:  **JOSEPH P. ECKSTEIN** 1/19/02 904-249-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)