

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90118 013 ****50.00

DOCUMENT # L99000000279

1. Entity Name

1200 SHETTER AVENUE, L.C.

Principal Place of Business

**2111 SAWGRASS VILLAGE DRIVE
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**2111 SAWGRASS VILLAGE DRIVE
 PONTE VEDRA BEACH FL 32082**

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

59-3550122

Applied For

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
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME	MGRM BENNER, TIMOTHY J	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082	
TITLE NAME	MGR KIRSCHMAN, ARTHUR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1216 SALT CIRCLE ISLAND DRIVE PONTE VEDRA BEACH FL 32082	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

(Signature)
SIGNATURE REQUIRED
BENNER

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

2/4/02

Date

904-273-1111

Daytime Phone #

CR2E083 (9/01)