

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
4/27/20
02 MAY -2 PM 3:56

DOCUMENT # L01000018204
1. Entity Name
2359 PONTE VEDRA BOULEVARD, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
116 Sea Hammock Way
Suite, Apt. #, etc.

3. Mailing Address
116 Sea Hammock Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra Beach, FL
Zip
32082

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Ponte Vedra Beach, FL
Zip
32082

4. FEI Number Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Brant, Abraham, Reiter & McCormick
Street Address (P.O. Box Number is Not Acceptable)
50 N. Laura Street, Suite 2750
City Jacksonville FL Zip Code 32202

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 *Jan D. McCormick, VP* DATE 4/23/02

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM NAME Barbara H. Cesery STREET ADDRESS 116 Sea Hammock Way CITY-ST-ZIP Ponte Vedra Beach,, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

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: *Barbara H. Cesery* DATE 4/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)