

DOCUMENT # A00000000070

The seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a ship, and a sun. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

FILED

03 MAR -3 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address
10151 DEERWOOD PARK BLVD.
BLDG. 100, STE. 410
JACKSONVILLE FL 32256

3. Mailing Address
9995 Gate Parkway

Suite, Apt. #, etc.
Suite 400

City & State
Jacksonville, FL

| | | | |
|-----|-------|---------|-----|
| Zip | 32246 | Country | USA |
|-----|-------|---------|-----|

DUE BY MAY 1, 2003

4. FEI Number **59-3666133**

| | |
|-------------|--|
| Applied For | |
|-------------|--|

| |
|----------------|
| Not Applicable |
|----------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Steven C. Koegler
Street Address (P.O. Box Number is Not Acceptable)
9995 Gate Parkway
Suite 400
City
Jacksonville

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

DATE _____

| | |
|--|--------|
| 9. Capital Contributions as Shown on record | \$0.00 |
|--|--------|

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

ADDRESS CHANGES ONLY

| | |
|----------------|-----------------------------|
| STREET ADDRESS | 9995 Gate Parkway, Suite400 |
| CITY-ST-ZIP | Jacksonville, FL 32246 |

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

~~M THOMAS~~

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Scott F. Baker REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/03 (904) 996-8800

Date _____ Daytime Phone # _____

CR2E003 (10/02)