

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A24567**

1. Entity Name  
**C & O PROPERTIES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 24 AM 11:51

Principal Place of Business  
**4306 PABLO OAKS COURT  
JACKSONVILLE FL 32224**

Mailing Address  
**P.O. BOX 16469  
JACKSONVILLE FL 32245-6469**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE **MJH**

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2495022** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**COGGIN, LUTHER W., JR.  
4306 PABLO OAKS COURT  
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$11,389,746.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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	
DOCUMENT #	<b>M9800001271</b>
NAME	<b>ASBURY JAX MANAGEMENT, LLC</b>
STREET ADDRESS	<b>ONE ROCKEFELLER PLAZA, 32ND FLOOR</b>
CITY - ST - ZIP	<b>NEW YORK NY 10020</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>4306 Pablo Oaks Ct</b>
CITY - ST - ZIP	<b>Jacksonville FL 32224</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<del>980003198469-4</del>
CITY - ST - ZIP	<del>-04/06/00--01067--024</del>
STREET ADDRESS	<del>***535.00 ***535.00</del>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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: **Linda K. Marlette**  
*Linda K. Marlette*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Asbury Jax Management LLC** Date **3-17-00** Daytime Phone # **904-992-4110**

CR2E003 (9/99)