2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 JUN 13 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000178 9 AF

DOCUMENT # A24722

1. Entity Name

CHRISTOPHER WOODS ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257	3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

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 59-2833206 ☐ 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
FARRELL, MARK T 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$600,000.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	3020 Hartley Road, Suite 300
NAME	ROOD, JOHN D.	CITY-ST-ZIP	Jacksonville FL 32257
STREET ADDRESS	3020 HARTLEY ROAD		
CITY-ST-ZIP	JACKSONVILLE FL 32257		
DOCUMENT #	M85266	STREET ADDRESS	3020 Hartley Road, Suite 300
NAME	VESTCOR FINANCIAL ASSOCIATES II, INC.	CITY-ST-ZIP	Jacksonville FL 32257
STREET ADDRESS	3020 HARTLEY ROAD		
CITY-ST-ZIP	JACKSONVILLE FL 32257		
DOCUMENT #		STREET ADDRESS	100004423481--2
NAME			06/15/01--01106--002
STREET ADDRESS		CITY-ST-ZIP	****437.50 ****437.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	100004423481--2
CITY-ST-ZIP			06/15/01--01106--003
DOCUMENT #		STREET ADDRESS	*****88.75 *****88.75
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (11/00)

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: Bernard E. Smith April 19, 2001 (904) 260-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #