

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000146

1. Entity Name

AVENTURATOWN SQUARE PHASE II, LLC

FILED

01 APR -9 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

220 PONTE VEDRA PARK DRIVE

SUITE 100

PONTE VEDRA BEACH FL 32082

Mailing Address

220 PONTE VEDRA PARK DRIVE

SUITE 100

PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

10151 Deerwood Pk. Blvd

3. Mailing Address

10151 Deerwood Pk. Blvd.

Suite, Apt. #, etc.

Bldg. 100, Ste 410

Suite, Apt. #, etc.

Bldg. 100, Ste 410

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-36661333

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MABM CORPORATE SERVICES, INC.

ONE INDEPENDENT DRIVE

SUITE 3000

JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Steven C. Koeqler

Street Address (P.O. Box Number is Not Acceptable)

10151 Deerwood Park Blvd

Bldg. 100, Suite 410

City

JACKSONVILLE

FL

Zip Code

32256

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

9. MANAGING MEMBERS/MEMBERS

TITLE member
NAME Aventura/Town Square Inc.
STREET ADDRESS 10151 Deerwood Pk Blvd., Bldg. 100, #410
CITY-ST-ZIP JACKSONVILLE, FL 32256

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Steven C. Koeqler 4/31/01 904-996-8800

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

Date

Daytime Phone #

CR2E083 (11/00)