

2001 UNIFORM BUSINESS REPORT (UBR)

0001748 AF

DOCUMENT # L00000001711

1. Entity Name

LANDRUM CAMBRIDGE, L.L.C.

FILED

01 MAR 20 PM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2207 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address
2207 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3629726

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRICKS, ROBERT H
2207 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME *Managing Partner*
STREET ADDRESS *Robert H. Hendricks*
CITY-ST-ZIP *2207 Sawgrass Village DR. Ponte Vedra Beach Florida 32082*

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *500003910225--1*

TITLE Delete
NAME *Managing Partner*
STREET ADDRESS *Robert L. Gittings*
CITY-ST-ZIP *45 West Bay Street Suite 203 Jacksonville Florida 32202*

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *-03/26/01--013--015 *****50.00 *****50.00*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *Robert H. Hendrick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date *3-15-01* (904) 249-5756 Daytime Phone #

CR2E083 (11/00)