

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002467

1. Entity Name  
SUTHERLIN LIMITED LIABILITY COMPANY

Principal Place of Business  
225 WATER STREET, SUITE 2050  
JACKSONVILLE FL 32202

Mailing Address  
225 WATER STREET, SUITE 2050  
JACKSONVILLE FL 32202

FILED

01 MAY 21 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
One Independent Drive, Ste 2000

3. Mailing Address  
One Independent Dr., Ste. 2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number ☒ Applied For  
Not Applicable

Zip 32202 Country USA Zip 32202 Country USA  
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

STONEBURNER, GRESHAM R  
STONEBURNER BERRY & GOLDMAN, P.A.  
225 WATER STREET, SUITE 2050  
JACKSONVILLE FL 32202

Name Gresham R. Stoneburner  
Street Address (P.O. Box Number is Not Acceptable)  
One Independent Drive, Suite 2000  
City Jacksonville, FL Zip Code 32202

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]* 4-27-01  
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

10. ADDITIONS/CHANGES

TITLE P  
NAME Karen B. Sutherlin  
STREET ADDRESS c/o One Independent Dr., Ste. 2000  
CITY-ST-ZIP Jacksonville, FL 32202 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(904) 354-8888

Date Daytime Phone #

CR2E083 (11/00)