

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003120

1. Entity Name
FISHING PEN CREEK, L.L.C.

Principal Place of Business
155 EAST 21ST STREET
JACKSONVILLE FL 32206

Mailing Address
155 EAST 21ST STREET
JACKSONVILLE FL 32206

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

☒ Applied For
☐ Not Applicable

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

MABM CORPORATE SERVICES, INC.
ONE INDEPENDENT DRIVE, SUITE 3000
JACKSONVILLE FL 32202

Name
Dennis D. Frick

Street Address (P.O. Box Number is Not Acceptable)
155 East 21st Street

City Jacksonville FL Zip Code 32206

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]*
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 NAME Edward L. Baker ☐ Delete
STREET ADDRESS 155 East 21st Street
CITY-ST-ZIP Jacksonville, FL 32206

TITLE NAME Edward L. Baker ☐ Change ☒ Addition
STREET ADDRESS 155 East 21st Street Member and Director
CITY-ST-ZIP Jacksonville, FL 32206

TITLE NAME John D. Baker II ☐ Delete
STREET ADDRESS 155 East 21st Street
CITY-ST-ZIP Jacksonville, FL 32206

TITLE NAME John D. Baker II ☐ Change ☒ Addition
STREET ADDRESS 155 East 21st Street Member and Treas.
CITY-ST-ZIP Jacksonville, FL 32206 and Asst Sec.

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300004037033-7
CITY-ST-ZIP -04/20/01--01133--010
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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]*

John D. Baker II

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

Date

Daytime Phone #

April 9, 2001 (904) 355-1781

0003228 AF

CR2E083 (700)

FILED

01 APR 16 AM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE