

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90040 039 *****50.00

DOCUMENT # L00000003120

1. Entity Name

FISHING PEN CREEK, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

155 E. 21st Street

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 4667

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL 32206

City & State

Jacksonville, FL 32201

4. FEI Number

59-3634666

XX

Applied For

Not Applicable

Zip

32206

Country

Duval

Zip

32201

Country

Duval

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Dennis D. Frick

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

155 E. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Member/President
Edward L. Baker
155 E. 21st Street
Jacksonville, FL 32206

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Member/Treasurer/Asst. Secretary
John D. Baker II
155 E. 21st Street
Jacksonville, FL 32206

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Member
Thomas O. Kennard, Jr.
Post Office Box 17156
Jacksonville, FL 32245-7156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Dennis D. Frick
155 E. 21st Street
Jacksonville, FL 32206

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

(904) 355-1781

CR2E083B (12/02)