

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003311

1. Entity Name
FLORIDA CAPITAL PROPERTIES, L.L.C.

Principal Place of Business
250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746

Mailing Address
250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746

2. Principal Place of Business
300 International Pky.
Suite, Apt. #, etc.
Suite 130
City & State
Heathrow, FL

3. Mailing Address
300 International Pky.
Suite, Apt. #, etc.
Suite 130
City & State
Heathrow, FL

4. FEI Number
59-3637316

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
SELBY, C. THOMAS
250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746

7. Name and Address of New Registered Agent
Name
Selby, C. Thomas
Street Address (P.O. Box Number is Not Acceptable)
300 International Parkway
Suite 130
City
Heathrow FL Zip Code
32746

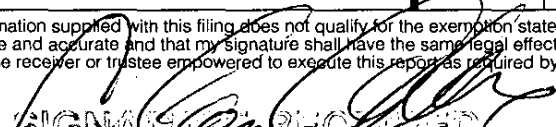
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C. Thomas Selby <input type="checkbox"/> Delete 300 International Pky. Suite 130 Heathrow, FL 32746	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000004416020--8 -06/12/01--01055--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** 4-1-01 407/333-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
01 MAY 18 PM 1:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)