

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **L00000004117**

1. Entity Name

01

JUL -2 AM 8:47

11700 SAN JOSE BOULEVARD, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

12510 SAN JOSE BLVD **12510 SAN JOSE BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

4. FEI Number

NONE

Applied For

Not Applicable

Zip **32223**

Country **USA**

Zip **32223**

Country **U.S.A.**

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

MICHAEL BOWLUS
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

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

Michael Bowlus

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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

300004475473--4
-07/13/01--01106--001
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGRM
Melissa Buchanan
STREET ADDRESS **4220 Hood Road**
CITY-ST-ZIP **Jacksonville, Florida 32257**

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

TITLE NAME Delete
STREET ADDRESS
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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)(l), 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:

Michael Bowlus

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

02/29/01

Date

904 210-0500

Daytime Phone #

CR2E083 (11/00)