

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90263 029 ****50.00

DOCUMENT # L00000005006

1. Entity Name

SALT ROCK VENTURE PARTNERS, L.L.C.

Principal Place of Business

5700 ST. AUGUSTINE ROAD, SUITE 101
 JACKSONVILLE FL 32207

Mailing Address

5700 ST. AUGUSTINE ROAD, SUITE 101
 JACKSONVILLE FL 32207

2. Principal Place of Business

12412 SAN JOSE BLVD

3. Mailing Address

12412 San Jose Blvd

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32223

Country

DUAL

Zip

32223

Country

DUAL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3647489

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

MORRIS, RICHARD R 12412 San Jose Blvd
 5700 ST. AUGUSTINE ROAD, SUITE 101 Suite 102
 JACKSONVILLE FL 32207 32223
 new address

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

Richard R Morris Richard R Morris

1/11/02

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
 NAME MORRIS, RICHARD R ☐ Delete
 STREET ADDRESS 5700 ST. AUGUSTINE ROAD, SUITE 101
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE *Mgr*
 NAME *Morris, Richard R.* ☒ Change ☐ Addition
 STREET ADDRESS *12412 San Jose Blvd, Suite 102*
 CITY-ST-ZIP *JACKSONVILLE, FL. 32223*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: *Richard R Morris*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/11/02 (904) 262-3377
 Date Daytime Phone #

CR2E083 (9/01)