

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90047 011 ****50.00

DOCUMENT # L00000006116

1. Entity Name

NEPTUNE BEACH PLAZA, L.L.C.

Principal Place of Business

**12 EAST BAY STREET
 JACKSONVILLE FL 32244**

Mailing Address

**12 EAST BAY STREET
 JACKSONVILLE FL 32244**

2. Principal Place of Business

**4595 Lexington Ave
 Suite, Apt. #, etc. 100**

3. Mailing Address

**4595 Lexington Ave.
 Suite, Apt. #, etc. 100**



DO NOT WRITE IN THIS SPACE

City & State Jacksonville FL		City & State Jacksonville, FL		4. FEI Number 59-455432	Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32210	Country USA	Zip 32210	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BEARDSLEY, DALE A ESQUIRE
 12 EAST BAY STREET
 JACKSONVILLE FL 32244**

7. Name and Address of New Registered Agent

Name **DALE A. Beardsley**
 Street Address (P.O. Box Number is Not Acceptable)
4595 Lexington Ave #100
 City **Jacksonville FL** Zip Code **32210**

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, and date (Signature Required when reinstating)

DATE

[Signature] **1/15/02**

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BEARDSLEY, DALE A 12 EAST BAY STREET JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 4595 Lexington Ave #100 Jacksonville, FL 32210
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
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

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

Date

Daytime Phone #

1/15/02 (904) 3875400

CR2E083 (9/01)