

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 00000006014

1. Entity Name

Capital Partners - JAX LLC

FILED

01 MAY -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

40 Assoc. Cap. Prop., Inc.
201 E. Pine Street, Ste 475
Orlando, FL 32801

40 Assoc. Cap. Prop., Inc.
201 E. Pine St, Ste 475
Orlando, FL 32801

2. Principal Place of Business

3. Mailing Address

One Independent Dr.
Suite, Apt. #, etc.
Suite 200

One Independent Dr.
Suite, Apt. #, etc.
Suite 200

City & State
Jacksonville, FL
Zip
32202
Country
USA

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Jacksonville, FL
Zip
32202
Country
USA

4. FEI Number

59-3651614

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

National Corporate Research, Ltd.
1406 Hays Street, Ste #2
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name
William G. Evans
Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive
Suite 200
City
Jacksonville, FL
Zip Code
32202

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

William G. Evans

4/30/01

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

200004315822--5
-05/24/01--01098--002
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	Managing Member	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ACP-JKL Partnership, Ltd.		
STREET ADDRESS	512 E. Washington St, Ste 200		
CITY-ST-ZIP	Orlando, FL 32801		
TITLE	Member	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Evans William G.		
STREET ADDRESS	One Independent Dr., Ste 200		
CITY-ST-ZIP	Jacksonville, FL 32202		
TITLE	Member	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Toomey Richard J.		
STREET ADDRESS	512 E. Washington St, Ste 200		
CITY-ST-ZIP	Orlando, FL 32801		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

William G. Evans

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

4/30/01 (904)356-1978

Date

Daytime Phone #

CR2E083 (11/00)