

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90130 043 ****50.00

DOCUMENT # L000000Q06914

1. Entity Name

CAPITAL PARTNERS - JAX LLC

Principal Place of Business

**ONE INDEPENDENT DRIVE, SUITE 200
 JACKSONVILLE FL 32202**

Mailing Address

**ONE INDEPENDENT DRIVE, SUITE 200
 JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

One Independent Dr.

One Independent Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 114

Suite 114

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Zip

32202

32202

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, WILLIAM G

**ONE INDEPENDENT DRIVE, SUITE 200/114
 JACKSONVILLE FL 32202**

Name

Evans, William G.

Street Address (P.O. Box Number is Not Acceptable)

One Independent Drive

Suite 114

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

[Signature]

William G. Evans, Member 4/29/02

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

(NOTE: Registered Agent signature required when reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACP-JRL PARTNERSHIP, LTD. 512 E WASHINGTON ST., STE 200 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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"/> 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]

William G. Evans

4/29/02 (904) 356-1978

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

Date

Daytime Phone #

CR2E083 (9/01)