2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007624

1. Entity Name

480 BEALE STREET, L.L.C.

Principal Place of Business	Mailing Address
226 NORTH DUVAL STREET TALLAHASSEE FL 32301	226 NORTH DUVAL STREET TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P.O. BOX 13633	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State TALLAHASSEE, FLORIDA	4. FEI Number 59-3677234 — Applied For / Not Applicable
Zip / Country	Zip 32317 / Country LEON	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
LINDSEY, WM. SCOTT 1407 PIEDMONT DRIVE EAST TALLAHASSEE FL 32312	**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 _____

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

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-04/17/01--01096--016
*****50.00  *****50.00
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9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE **MGRM** NAME **RUDNICK, JAMES M** STREET ADDRESS **226 NORTH DUVAL STREET** CITY-ST-ZIP **TALLAHASSEE FL 32301**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #