2001 UNIFORM BUSINESS REPORT (UBR)

DOCH	1. L.P.				•						
1. Entity Nam	MENT#		0000	07832	•	•			FILE	D	
Principal Plac	ce of Business		. Maili	ing Address		<u>.</u>	_			DN 3:00	
3840 CROWN POINT ROAD 38			384	3840 CROWN POINT ROAD				SECF Lall	RETARY OF	FSTATE	
-		-	TE A ACKSONVILLE FL 32257				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	Place of Busines	3	3. Ma	ailing Address		<u> </u>					
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE				
City & Stat	te .		Cit	y & State		·	4. FE11	Number Applie	ed For	<u> </u>	oplied For
Zip		Country	Zip)	Coun	ıtçy	5. Certi	ificate of Status Des		\$5.00 Ad	ditional
	6. Name an	d Address of Curr	ent Register	red Agent		Nome	7. Nam	e and Address of I	New Registere		
COLLINS, JOSEPH D 3840 CROWN POINT RD, STE A				Name			- (DC 5	hankari Mari	-4-6-1-1		
				_		Street Addres	s (P.U. Box N	Number is Not Acce	piable)		
JACKSON	WILLE FL 322	57	·			 	·		 -	····	
						City			_ F	Zip Cod	е
8. The above	named entity su	bmits this statemer	t for the purp	pose of changing it	s registere	ed office or regis	tered agent,	or both, in the State	of Florida.		
SIGNATURE	:	ubmits this statemen				ed office or regis		ing)	DATE		
SIGNATURE	:		jent and title if ap	plicable. , (NO	TE: Registered	d Agent signature requ	ired when reinstati	ing)	DATE:	3706-	
SIGNATURE	:		jent and title if ap		TE: Registered	d Agent signature requ	ired when reinstati	ing) 1611011	DATE:	3 706 - -01003()15-
SIGNATURE .	:		gent and title if ap	plicable (NO Make Check P	NE: Registered NOW!!!=! Payable to 10.	d Agent signature requ FEE-IS-\$50.0 o Departmen	ired when reinstati	ing) 	DATE 1:	3 706 -010030 010030 0 ******5	015- 50.00
SIGNATURE .	Signature, typed or programmer of the first signature.	MANAGING MEI	MBERS/MEI	plicable. (NO FILE N Make Check P MBERS Delete MGR	NOW !!!=! Payable to 10. TITLE NAME	d Agent signature requ FEE:IS:\$50:0 o Departmen	ired when reinstati	ing) 	oan 3441 : /14/01 ***50.00	3705- -01003() *****	015- 50.00
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SIGNATURE SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01 Date

(904) 268-8500 Daytime Phone #