## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0000000,07964 1. Entity Name CLARKSON HOGAN STREET INVESTORS, L.L.C. Principal Place of Business 3100 UNIVERSITY BOULEVARD SOUTH. SUITE 200 JACKSONVILLE FL 32216 Mailing Address 3100 UNIVERSITY BOULEVARD SOUTH. SUITE 200 JACKSONVILLE FL 32216 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

## FILED May 12, 2002 8:00 am Secretary of State

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	6. Name	and Address of Cu	rrent Registered Agent			7. Name	e and Address of Nev		•	
BROWN, GERALDINE G 3100 UNIVERSITY BOULEVARD SOUTH, SUITE 200 JACKSONVILLE FL 32216					Name Street Address (P.O. Box Number is Not Acceptable)					
JAC	VOOIAAITTE	: FL 32216								
					City			FL	Zip Cod	de
8. The above	паmed entity	submits this statem	ent for the purpose of changing it	s registere	ed office or reg	istered agent, o	or both, in the State of	Florida.	<del></del>	*****
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OIGH OTTE	Signature, typed	or printed name of registered	agent and title if applicable. (NO	TE: Registere	d Agent signature re-	quired when reinstatir	ng)	DATE		
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9.		MANAGING ME	EMBERS/MANAGERS	10.			ADDITION	0./01/44/050		
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11. I hereby ce	ertify that the	information supplied	with this filing does not qualify for			Section 110.07	7/3\/i) Eladd- O	16	44 - 4 - 4 - 1	

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 OF PRINTED NAME

ND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/02 Date

(904) 359-0045

Daytime Phone #