

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002738 AF

**DOCUMENT # L00000008523**

1. Entity Name  
**ATLANTIC CLARKSON EMERALD VENTURE, L.L.C.**

**FILED**

01 APR 27 PM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: 59-3661910  
Applied For: Not Applicable

Zip: Country

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**

**BROWN, GERALDINE G**  
3100 UNIVERSITY BOULEVARD SOUTH, SUITE 200  
JACKSONVILLE FL 32216

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

**10. ADDITIONS / CHANGES**

TITLE: **MGRM**  Delete  
NAME: **C & M INVESTORS LIMITED**  
STREET ADDRESS: **3100 UNIVERSITY BOULEVARD SOUTH, SUITE 200**  
CITY-ST-ZIP: **JACKSONVILLE FL 32216**

TITLE:  Change  Addition  
NAME: **000004218180**  
STREET ADDRESS: **-05/15/01--0116--009**  
CITY-ST-ZIP: **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE: **MGRM**  Delete  
NAME: **THE ATLANTIC COMPANIES, L.L.C.**  
STREET ADDRESS: **485 ROUTE 1 SOUTH**  
CITY-ST-ZIP: **ISELIN NJ 08830**

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
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TITLE:  Change  Addition  
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 Change  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: Patricia H. Clarkson 4/26/01 904-359-0045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
**Patricia H. Clarkson, Vice President, The Clarkson Company, General Partner**

CR2E083 (11/00)