

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002498 AF

DOCUMENT # **L00000013959**

1. Entity Name  
**MLOP PROPERTIES, LLC**

FILED

01 APR 30 PM 6:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**1 INDEPENDENT DRIVE, SUITE 3000  
JACKSONVILLE FL 32202**

Mailing Address  
**1 INDEPENDENT DRIVE, SUITE 3000  
JACKSONVILLE FL 32202**

2. Principal Place of Business  
**9551 BAYMEADOWS ROAD**

3. Mailing Address  
**9551 BAYMEADOWS ROAD**

Suite, Apt. #, etc.  
**SUITE 4**

Suite, Apt. #, etc.  
**SUITE 4**

City & State  
**JACKSONVILLE, FL**

City & State  
**JACKSONVILLE, FL**

4. FEI Number  
**59-3704502**

Applied For  
 Not Applicable

Zip  
**32256**

Country  
**USA**

Zip  
**32256**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MABM CORPORATE SERVICES, INC.  
1 INDEPENDENT DRIVE, SUITE 3000  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent  
Name  
**JOHN D. MILTON, JR., TRUSTEE**  
Street Address (P.O. Box Number is Not Acceptable)  
**9551 BAYMEADOWS ROAD, SUITE 4**  
City  
**JACKSONVILLE** **FL** Zip Code  
**32256**

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 *John D. Milton Jr.* **John D. Milton, Jr., Trustee** **4/16/01**  
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**

9. MANAGING MEMBERS/MEMBERS	
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"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGRM</b> <b>E. CHESTER STOKES, JR. IRREVOCABLE TRUST</b> <b>9551 BAYMEADOWS ROAD, SUITE 4</b> <b>JACKSONVILLE, FL 32256</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200004219502--2</b> <b>-05/16/01--01038--009</b> <b>*****50.00 *****50.00</b>
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
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: *John D. Milton Jr.* **John D. Milton, Jr., Trustee** **4/16/01** **904/739-2249**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)