

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90128 008 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000013959

1. Entity Name
MLOP PROPERTIES, LLC

Principal Place of Business: **4315 PABLO OAKS CT., SUITE 1, JACKSONVILLE FL 32224-9667**

Mailing Address: **4315 PABLO OAKS CT., SUITE 1, JACKSONVILLE FL 32224-9667**

2. Principal Place of Business: Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **59-3704502** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**MILTON, JOHN D JR
 9551 BAYMEADOWS ROAD, SUITE 4
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent
 Name: **MILTON, JOHN D., JR.**
 Street Address (P.O. Box Number is Not Acceptable): **4315 PABLO OAKS COURT, SUITE 1**
 City: **JACKSONVILLE FL** Zip Code: **32224**

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.** DATE: **4/17/02**

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete E. CHESTER STOKES, JR. IRREVOCABLE TRUST 4315 PABLO OAKS CT., SUITE 1 JACKSONVILLE FL 32224-9667	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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** DATE: **4/17/02**
E. Chester Stokes, Jr. **E. Chester Stokes, Jr.** Daytime Phone #: **904/482-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)