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, u	2001°	UNIFORM	BUSINESS	REPORT	(UBR)
	3				·

DOCUMENT # L0000014038 1. Entity Name COBBLESTONE II, LLC						: '							
						FILED							
						01 FEB -5	PM 3: 11	4 ′					
Principal Plac	ce of Business	Mailing Address											
8716 COBBLI TAMPA FL 33	ESTONE DRIVE 3615	8716 COBBLESTONE DRI TAMPA FL 33615	8716 COBBLESTONE DRIVE TAMPA FL 33615		SECRETARY OF STATE TALLAHASSEE, FLORIDA								
2. Principal P	Place of Business	3. Mailing Address	. Mailing Address				J 48 551 83 101 (1851 (71611 <u>3618</u> 8					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE								
City & Stat	e	City & State	City & State		4. FEI N	lumber		12/	plied For t Applicable	_			
Zip Country Zip		Zip	ip Country		5. Certi	ficate of Status Desired		00 Add	itional	1			
	6. Name and Address of Current F	Registered Agent	tored Agent			7. Name and Address of New Registered Agent							
		iogiotoroo Again		Name .						7			
HINES. J	AMES P ESQ			Street Address (P.O. Box Number is Not Acceptable)						┨			
	ES NORMAN & ASSOCIATES, P.L.			Street Address (1.O. DOX 1	- Total Acceptable)				4			
315 SOU	ITH HYDE PARK AVENUE												
tampa f	L 33606			City			FL	Zip Code	•]			
8. The above	named entity submits this statement for	the purpose of changing its	register	l ed office or register	ed agent,	or both, in the State of Florid	da.			1			
•			•		•								
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	: Registere	d Agent signature required	when reinstat	ing)	DATE						
										7			
				FEE IS \$50.00						ŀ			
		Make Check Pa	yable t	o Department o	r State					}			
9.	MANAGING MEMBE	RS/MEMBERS	10.	<u> </u>		ADDITIONS/C	HANGES			١,			
TITLE	MER	☐ Delete	TITL					Change	☐ Addition				
NAME	JOHN T. GILLIS	-NAE DR	JE DR STORE										
STREET ADDRESS CITY-ST-ZIP	TAM PA, FL 3	3615		ET ADDRESS -ST-ZIP									
TITLE		—	TITL					Change	☐ Addition	78			
NAME	PATRICIA A. GIL 8716 COBBLEST TAMPA, FL 32	LIS , Journ	NAM							Ι`			
STREET ADDRESS	8716 COBBLEST	ONE DR		ET ADDRESS						1			
CITY-ST-ZIP	TAMPA, FL 33		- 4	-ST-ZIP				Chonen	Addition	-			
NAME		• Delete	. TITL			400003	-	-	_	- 1			
STREET ADDRESS				ET ADDRESS		-02/09	701010	j <u>8</u> 6	-017				
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TITLE		☐ Delete	TITL					Change	Addition				
NAME STREET ADDRESS			NAM	ET ADDRESS		Λ,							
CITY-ST-ZIP			- 8	-ST-ZIP						1			
TITLE		☐ Detete	TITL	·				Change	Addition	7			
NAME			NAM	i		•							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS . -ST-ZIP				•					
TITLE	-	Delete	TITL	-				Change	☐ Addition	+			
NAME		LJ DGIGG	NAM	ŀ					-				
STREET ADDRESS				ET ADDRESS	ı,								
CITY-ST-ZIP				-ST-ZIP	٠	07/0/// 51 11 61 11				4			
indicated	on this report is true and accurate and t	11. I hereby certify that the information supplied with this filling 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Destrict Phone #