

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90027 005 ****50.00

DOCUMENT # L00000014089

1. Entity Name

16 Partners, LLC



DO NOT WRITE IN THIS SPACE

20024296

2. Principal Place of Business

780 North Ponce de Leon Blvd.

3. Mailing Address

780 North Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Augustine, Florida

City & State
St. Augustine, Florida

4. FEI Number

9-3691924

Applied For

Not Applicable

Zip
32084

Country
USA

Zip
32084

Country
USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John D. Bailey, Jr.

Street Address (P.O. Box Number is Not Acceptable)

780 North Ponce de Leon Blvd.

City St. Augustine

FL

Zip Code
32084

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Donald L. Braddock
4175 State Road 16
St. Augustine, Florida 32092

MGR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10742 Waverley Bluff Way
Jacksonville, FL 32223

MGR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Allan B. Roberts
4175 State Road 16
St. Augustine, Florida 32092

MGR

TITLE
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CITY-ST-ZIP

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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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)