LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L0Q0Q0015081

DOCUMENT #

1. Entity Name

FILED Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90008 049 ****50.00

WEST PLAZA PARK, LLC		\searrow				
DO NOT WRIT	TE IN THIS S	SPAC	E		945952	
2. Principal Place of Business	3. Mailing Address					
114 South Street Suite, Apt. #, etc.	114 South Street Suite, Apt. #. etc.					
				DO NOT WRITE IN THIS SPACE		
City & State Neptune Beach, FL	City & State			4. FEI Number Applied For		
Zip Country	Zip Reptune Bea	Neptune Beach, FL Zip Country		9-3687941	Not Applicable	
32266 US	32266			tificate of Status Desired	\$5.00 Additional Fee Required	
The second of th		إربعتاب	7Name	and Address of Current Regi	stered Agent	
DO NOT WRITE IN THIS SPACE			Name RAX CO Street Address (P.O. Box Number is Not Acceptable) C/o Jason E. Campbell 50 North Laura Street, Suite 3300			
The above named entity submits this statement	of for the purpose of changing		Jacksonvil	ام ا	3300 FL Zip Code 32202	
The above named entity submits this statement is signature. Signature, typed or printed name of registered as		its registered	office or registered agent.	- Page	MIE	
10 - 20 10 - 20 - 20	Make Check I	FEE IS \$ Payable to DUE BY N	Department of State) <u></u>	
9. MANAGING MEN	BERS/MANAGERS	,				
MNAME Hadlow, Bryce P. STREET ADDRESS: 114 South Street CITY-ST-ZIP Neptune Beach, FL 32266		TITLE NAME STREET CITY(ST	I ADDRESS			
MAME Bryan, Sheldon C. STREET ADDRESS 66 Dewers Avenue CITY-ST-ZIP Atlantic Beach, FL 32233		TITLE NAME STREET /	ADDRESS L. TO		7.00	
TITLE NAME STREET ADDRESS	32233	TITLE NAME STREET				
CITY-ST-ZIP		CITY-ST	ZIP	DO NOT WE	RITE	
EET ADDRESSST-ZIP		TITLE NAME STREET A CITY-ST-			ACE	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		TITLE." NAME STREET AI CITY- ST-				
ITLE AME TREET ADDRESS ITY-ST-ZIP		TITLE NAME STREET AG CITY-ST-				
I-hereby certify that the information supplied windicated on this report is frue and accurate an limited liability company by the receiver or trust.	th this filing does not qualify for d that my signature shall have			7(3)(i), Florida Statutes. I further path; that I am a managing mer	certify that the information	

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4/8/02 904-247-0047