## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100000192

1. Entity Name



**FILED** Feb 20, 2003 8:00 am Secretary of State

Steel Address of Status Desired   Stat	BMJ PR	OPERTIES, L.L.C.					02-20-200.	3 90019 0.	303	0.00	
20 EAST STATE STREET   ACKSONVILE FL 92802	Principal Pla	lace of Business	Mailing Address		ONE						
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.			300 EAST STATE STREET			:					
City & State 3 2 2 50  Country  Country  Zip  Country  Zip  Country  3 2 2 50  Country  3 2 2 50  Country  3 5. Certificate of Status Desired  SFOR Required  Fee Required  KENNEY, THERESA MARIE ESO. 10110 SAN JOSE BLVD. JACKSONVILLE FL 32257  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Acksonville FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Acksonville FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FILE Now!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  Street Address (P.O. Box Number is Not Acceptable)  Acceptable  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S	4/0 Suite, Ap	Jacksonville Orive	410 Jacksonvi	He Dri	ve_						
A   FEI Number   59-3688749   A	Jack so	onville Aeuch, FL		· · · · · · · · · · · · · · · · · · ·			CHECK HER	E IF MAKINO	3 CHANGE	ES	
S. Certificate of Status Desired   \$5.00 Addi  6. Name and Address of Current Registered Agent  KENNEY, THERESA MARIE ESQ. 10110 SAN JOSE BLVD. JACKSONVILE FL 32257  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, ar the obligations of registered agent.  SIGNATURE  Signature, hyped or present frame of registered agent and the # applicable.  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  ITILE MARK MARK MARK MORN WON THRON, MILTON JOHN NAME STREET ADDRESS CITY-ST-ZIP  TALK-SSONVILE FL 32202  Detele  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALK-SSONVILE FL 32202  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	3	· ·	Jackson ville 1	Beach, F	1	4. FEI Nui	nber <b>59-36887</b>	49	<del></del>	Applied For	_
Name and Address of New Registered Agent   Name	Zip	Country	7in	Country	1	5. Certific	ate of Status Desired			Not Applica	ole_
Name   Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current Re	egistered Agent	1			_ <del></del> <del>-</del> :		Fee Requi		
Street Address (P.O. Box Number is Not Acceptable)	KE	NNEY, THERESA MARIE ESO		Name		21 Hame 8	and Address of New	negistered /	Agent	<del>_</del>	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent.  SIGNATURE    Signature   Sig	101	110 SAN JOSE BLVD.		Street Address (P.O. Box Number is Not Ad				le)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent.  SIGNATURE    Signature   Sig											
SIGNATURE  Signature. Typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent alignature required when reinstating)  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS MANAGERS  TITLE  MGRM  WON THRON, MILTON JOHN  300 EAST STATE STREET, SUITE G  JACKSONVILLE FL 32202  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS	8 The above	A named antihi auhmite this account		1 -				FL	Zip Co	de	
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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

904-247-6724