

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-08-2002 90086 011 ****50.00

DOCUMENT # L01000001581

1. Entity Name
ALPHEUS PROPERTIES, L.L.C.

Principal Place of Business
35 GRANT ST
ST AUGUSTINE FL 32084
Mailing Address
35 GRANT ST
ST AUGUSTINE FL 32084

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number
59-3727755
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLOODWORTH, SUSAN S
170 MALAGA ST
SUITE A
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name -
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 office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

Table with 2 columns: 9. MANAGING MEMBERS/MANAGERS and 10. ADDITIONS/CHANGES. Row 1: MGRM, W.A. JONES II, 35 GRANT ST, St. Augustine, FL 32084.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date 04-25-02
Daytime Phone # 904-824-1845

CR2E083 (9/01)