

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L01000001614**

1. Entity Name  
**121 ATLANTIC PLACE LLC**

FILED

02 APR 18 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**8843 SAN JOSE BLVD.**      **8843 SAN JOSE BLVD.**  
**JACKSONVILLE FL 32217**      **JACKSONVILLE FL 32217**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**8823 San Jose Blvd.**      **8823 San Jose Blvd.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 310**      **Suite 310**

City & State      City & State  
**Jacksonville, Florida**      **Jacksonville, Florida**

4. FEI Number      Applied For  
Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired            **\$5.00 Additional Fee Required**  
**32217**      **USA**      **32217**      **USA**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE.**  
**SUITE 3000**  
**MIAMI FL 33131**

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**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**

**APRIL 15, 02**      907-237-8848

CR2E083 (9/01)