

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

06-11-2003 90001 003 \*\*\*\*50.00

0002041

**DOCUMENT # L01000004258**

1. Entity Name  
**VAULT - I-295 II, LLC**



Principal Place of Business      Mailing Address  
~~6950 PHILIPS HIGHWAY~~      ~~6950 PHILIPS HIGHWAY~~  
~~SUITE 6~~      ~~SUITE 6~~  
~~JACKSONVILLE FL 32216~~      ~~JACKSONVILLE FL 32216~~

10107010



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address  
*7220 Financial Way*      *7220 Financial Way*  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Suite 400*      *Suite 400*  
City & State      City & State  
*Jacksonville FL*      *Jacksonville FL*  
Zip      Country      Zip      Country  
*32256*      *USA*      *32256*      *USA*

4. FEI Number **60-0000141**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALLEN, JOHN J**  
~~6950 PHILIPS HIGHWAY~~  
~~SUITE 6~~  
~~JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
*7220 Financial Way Suite 400*  
City *Jacksonville*      FL      Zip Code *32256*

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 *John J. Allen*      *John J. Allen*      *5/29/03*  
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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>ALLEN, JOHN J</b> <del>6950 PHILIPS HWY #6</del> <b>JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>JOOS, WILLIAM J</b> <b>11234 SAN JOSE BLVD.</b> <b>JACKSONVILLE FL 32257</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>ENGLAND, JAMES E</b> <b>14775 ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE FL 32258</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>THIMS, ROBERT E</b> <b>14775 ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE FL 32258</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MILLER, DOUGLAS C</b> <b>14775 ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE FL 32258</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MATTHEWS, N. HUGHS</b> <b>14775 ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE FL 32258</b> <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>7220 Financial Way Suite 400</i> <i>Jacksonville FL 32256</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *John J. Allen*      *John J. Allen*      *5/29/03*      *904 246 8006*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)