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

Mailing Address

SUITE 107

135 PROFESSIONAL DRIVE

PONTE VEDRA BEACH FL 32082

## DOCUMENT # L01000007328

1. Entity Name

SUITE 107

Principal Place of Business

PONTE VEDRA BEACH FL 32082

135 PROFESSIONAL DRIVE

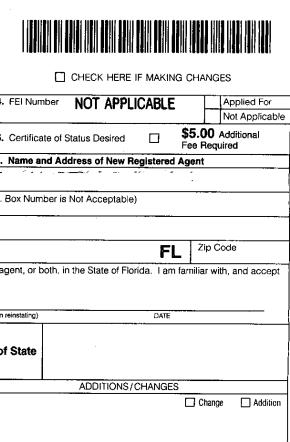
135 PROFESSIONAL DRIVE, LLC



**FILED** Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90004 047 \*\*\*\*50.00

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2. Principal F	Place of Busin	iess	3. Mailing Addre	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable				
Zip Country		Zip	Zip Country		5. Certificate	icate of Status Desired Status Desired Fee Required			Iditional		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered A						
DELLA PORTA, JOHN M 135 PROFESSIONAL DRIVE SUITE 107					Street Address (P.O. Box Number is Not Acceptable)						
PON	ite vedra	BEACH FL 32082					· -				
					City			FL	- 1		
8. The above the obligat	named entity ions of registe	submits this statemered agent.	ent for the purpose of cha	anging its register	ed office or regi	stered agent, or both	n, in the State of Flor	ida. Lam	familiar with	and accept	
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if applicable.	(NOTE: Registere	d Agent signature req	uired when reinstating)		DATE			
				FILE NOW!!!   Payable to Fi Due By M	orida Departi						
9.		MANAGING ME	MBERS/MANAGERS	T 10.			ADDITIONS/	CHANCES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LE P Delete  ME DELLA PORTA, JOHN M  135 PROFESSIONAL DRIVE SUITE 107			elete TITLI NAM STRE		-	ADDITIONS	OFFININGES	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAM Stre					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			De	NAM: STRE	·		-	•	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAM! STRE					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		□ De	NAME STREE				. ,	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Del	NAME STREI CITY-	ET ADDRESS ST-ZIP				Change	Addition	

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:

904 280 4151