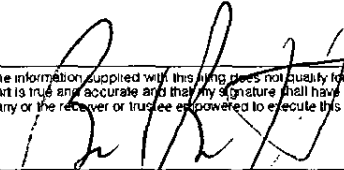


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92178 005 ****55.00

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

30069515

DOCUMENT # L01000008383			
1. Entity Name PONTE VEDRA EAST, L.L.C.			
Principal Place of Business 135 PROFESSIONAL DRIVE SUITE 103 PONTE VEDRA BEACH, FL 32082		Mailing Address 135 PROFESSIONAL DRIVE SUITE 103 PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3742561		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BARTLETT, BARON L 135 PROFESSIONAL DRIVE SUITE 103 PONTE VEDRA BEACH, FL 32082		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when appointing) DATE _____			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTLETT, BARON L 135 PROFESSIONAL DR STE 101 PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAL, BLAKE F II 135 PROFESSIONAL DR STE 101 PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPOHRER, GEORGE JR 135 PROFESSIONAL DR STE 101 PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		4-28-03 904-285-5299	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Name Phone #	

CR2E083 (10/02)