LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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05/01/02 91552 014

DOCUMENT # L01000009385

1. Entity Name

TRILEGACY CONDOMINIUM PHASE I, LLC

DO NOT WRITE IN THIS SPACE

FILED
02 MAY -1 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2625 W. 5th Street Suite, Apt. #, etc.	P.O. Box 41064 Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32254 Country: USA	Zip: 32203 Country: USA

4. FEI Number: 59-3724220 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: W. Hamilton Traylor

Street Address (P.O. Box Number is Not Acceptable): 2625 W. 5th Street

City: Jacksonville FL Zip Code: 32254

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE: $ 350.00
Make Check Payable to Department of State
DUE BY MAY 1, ____

9. MANAGING MEMBERS / MANAGERS

TITLE: MGR NAME: Spence, Carlton H. STREET ADDRESS: 2625 W. 5th street CITY-ST-ZIP: Jacksonville, Florida 32254	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E063B (12/01)

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: _____ 4/23/02 (904) 486-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #