

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90090 034 \*\*\*150.00

**DOCUMENT # L01000011444**

1. Entity Name

**THE EDMONDS BUTLER/PHILLIPS JV, L.L.C.**

Principal Place of Business

**9309 OLD KINGS RD SOUTH  
STE #1  
JACKSONVILLE FL 32257**

Mailing Address

**9309 OLD KINGS RD SOUTH  
STE #1  
JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3748625**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEARDSLEY, DALE A  
12 EAST BAY STREET  
JACKSONVILLE FL 32202-3427**

Name **Stephen L. Edmonds**  
Street Address (P.O. Box Number is Not Acceptable)  
**9309 Old Kings Road S., Suite 1**

City **Jacksonville**

**FL**

Zip Code **32257**

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

TITLE **Managing Member** ☐ Delete  
NAME **Stephen L. Edmonds**  
STREET ADDRESS **9309 Old Kings Road S., Ste 1**  
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**  
**Stephen L. Edmonds**

Date

Daytime Phone #

**2/4/02**

**904 7396007**

CR2E083 (9/01)