

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90095 050 \*\*\*\*50.00

**DOCUMENT # L01000012415**

1. Entity Name  
**D & C PROPERTIES, L.L.C.**

Principal Place of Business <b>4230 SUNBEAM ROAD          SUITE 8          JACKSONVILLE FL 32255</b>	Mailing Address <b>4230 SUNBEAM ROAD          SUITE 8          JACKSONVILLE FL 32255</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4114 Sunbeam Road</b> Suite, Apt. #, etc. <b>Bldg. 200</b> City & State <b>Jacksonville, FL</b>	3. Mailing Address <b>4114 Sunbeam Road</b> Suite, Apt. #, etc. <b>Bldg. 200</b> City & State <b>Jacksonville FL</b>
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4. FEI Number <b>59-3734023</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32257</b>	Country	Zip <b>32257</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SCHNEIDER, MICHAEL N          5150 BELFORT ROAD          BUILDING 100          JACKSONVILLE FL 32256</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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B. 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. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DiFilippo, Anthony J. Jr. 4114 Sunbeam Road, Bldg. 200 Jacksonville, FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Clark, Dwayne L. 4114 Sunbeam Road, Bldg. 200 Jacksonville, FL 32257</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(l), 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]* Date: 2/28/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E089 (9/01)