2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000012474

FILED
Jan 13, 2003
Secretary of State

Entity Name: 645 EAST 21ST STREET, L.L.C.

Current Principal Place of Business:

1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40749
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAZIER, CLARENCE F
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	RETUS GROUP INC,	
Address:	1548 LANCASTER TERRACE	
City-St-Zip:	JACKSONVILLE, FL 32204	
Title:	MGRM	(X) Delete
Name:	EASTON, WILLIAM M	
Address:	300 EAST STATE STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGRM	(X) Delete
Name:	HOEY, JERRY	
Address:	300 EAST STATE STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAX SUTER P 01/13/2003
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date