

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-11-2003 90027 039 ****50.00

DOCUMENT # L01000014055

1. Entity Name

DICKINSON DEVELOPMENT, LLC



Principal Place of Business

Mailing Address

**2151 LOCH RANE BOULEVARD
SUITE 1
ORANGE PARK FL 32073
US**

**60 NORTH ROSCOE BOULEVARD
PONTE VEDRA FL 32082**

2. Principal Place of Business

60 A N ROSCOE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA FL

City & State

PONTE VEDRA FL

Zip

Country

Zip

Country

32082

ST. JOHN S

32082

ST. JOHN S

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, HOWARD J
ONE SAN JOSE PLACE
SUITE 31
JACKSONVILLE FL 32257**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DICKINSON, FRANKLIN B
60 NORTH ROSCOE BOULEVARD
PONTE VEDRA FL 32073** ☐ Delete

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

TITLE
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

904 962 3905
3/19/03

CR2E083 (10/02)