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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 06, 2002 8:00 am Secretary of State DOCUMENT # L01000017730 05-15-2002 90059 027 ****50.00 1. Entity Name KINGSLEY PLAZA III, LLC Principal Place of Business Mailing Address 40690 510 SOUTH THIRD ST. 510 SOUTH THIRD ST. JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 3750578 Not Applicable **~**~~ Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, HOWARD J Street Address (P.O. Box Number is Not Acceptable) ONE SAN JOSE PLACE, STE. 31 JACKSONVILLE FL 32257 Zip Code City 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. (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 MILE MGRM ☐ Delete TITLE Change Addition 96 NAME NAME WOODBURN, HENRY P III CR2E083 STREET ACCRESS STREET ADORESS 8034 PEBBLE BEACH LANE WEST CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-SY-7IP CITY-ST-7IP TITLE: __. - Delete TITLE . - 🖃 Change — ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-Z# CITY-ST-ZIP TITLE ☐ Deleta ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.