

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019932

1. Entity Name

FIVE POINTS PARTNERS LIMITED LIABILITY COMPANY

Principal Place of Business

2210 ST. JOHNS AVE.
JACKSONVILLE FL 32204

Mailing Address

2210 ST. JOHNS AVE.
JACKSONVILLE FL 32204

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

3756813
59-27581

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POUCHER, ALLEN L JR., PA
2705 RIVERSIDE AVE.
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

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:

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

TITLE MGR
NAME ROOT, RONALD C
STREET ADDRESS 2244 ST. JOHNS AVE.
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE MGR
NAME ROOT, FRAN F
STREET ADDRESS 2244 ST. JOHNS AVE.
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE MGR
NAME PURDIE, THOMAS J
STREET ADDRESS 2210 ST. JOHNS AVE.
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Thomas J. Purdie
Managing Member

1/5/02

904 384 4580

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

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90019 047 *****55.00

902154



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)