

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0002551

DOCUMENT # L01000021960

1. Entity Name

CMN PROPERTY, L.L.C.



Principal Place of Business

3315 OLEANDER AVE
FORT PIERCE FL 34982

Mailing Address

10900 PHILLIPS HWY
JACKSONVILLE FL 32256

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0548356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE FL 32256

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CISSEL, JAMES H
10900 PHILLIPS HWY
JACKSONVILLE FL 32256

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANNING, KIRBY W
10900 PHILLIPS HWY
JACKSONVILLE FL 32256

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
D
NOHEJL, MICHAEL
10900 PHILLIPS HWY
JACKSONVILLE FL 32256

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10. ADDITIONS/CHANGES

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

Date

Daytime Phone #

CR2E083 (10/02)