5/22

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State
05-22-2002 90232 035 ****50.00

DOCUMENT # L01000022492

1. Entity Name

GRAND CENTRAL OF JAX, L.L.C.

NCW

DO NOT WRITE IN THIS SPACE

94574

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2905 CORINTHIAN AVE		PO BOX 10	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ORTEGA STATION	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32210	Country DUVAL	Zip 32210	Country DUVAL

4. FEI Number 80-0023854 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOHN S. BALL

Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE

SUITE 2600

City JACKSONVILLE FL — FL — Zip Code 32210

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] — 6/18/02
Signature, typed or printed name of registered agent and title if applicable. — DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PACE PETROLEUM, INC./MGRM PETER BYRICK, PRESIDENT/MGRM PO BOX 10 ORTEGA STA. JACKSONVILLE, FL 32210	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

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] — 4/30/02 — 904 388 5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #