

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000008641

FILED
Apr 24, 2003
Secretary of State

Entity Name: MILLENIA PARK ONE, L.L.C.

Current Principal Place of Business:

1650 PRUDENTIAL DRIVE,SUITE 400
LEGAL DEPT.
JACKSONVILLE, FL 32207

New Principal Place of Business:

245 RIVERSIDE AVENUE, SUITE 500
JACKSONVILLE, FL 32202

Current Mailing Address:

1650 PRUDENTIAL DRIVE,SUITE 400
LEGAL DEPT.
JACKSONVILLE, FL 32207

New Mailing Address:

245 RIVERSIDE AVENUE
SUITE 500, ATTN: LEGAL DEPT.
JACKSONVILLE, FL 32202

FEI Number: 01-0675547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAINE, LAWRENCE
1650 PRUDENTIAL DRIVE,SUITE 400
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

PAINE, LAWRENCE
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202

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:

04/24/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: WRIGHT, DAWN H
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Change (X) Addition
Name: SOLOMON, STEPHEN W
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Change (X) Addition
Name: REGAN, MICHAEL N
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Change (X) Addition
Name: SLAPPEY, BRADFORD A
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Change (X) Addition
Name: GOTTLIEB, JEFFREY S
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL N. REGAN

MGR

04/24/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date