2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 13, 2003 8:00 am Secretary of State 05-05-2003 90684 033 ****50.00

Stock Country Stock Co	DOCUMENT # LO2000(1. Entity Name JAXOFFICES 200, LLC)16522 <i>U</i>		03-03-2003 90084 033 30.00
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Cry FL. 2/2 Code 8. The above named enthy submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am harriad with, and accept the obligation of registered agent. Or both, in the State of Florids. I am harriad with, and accept the obligation of registered agent. Or both, in the State of Florids. I am harriad with, and accept the obligation of registered agent. Or both, in the State of Florids. I am harriad with, and accept the obligation registered agent. Or both, in the State of Florids. I am harriad agent when a manufaction registered agent. Or both, in the State of Florids. I am harriad registered agent. Or both, in the State of Florids. I am harriad registered agent. Or both, in the State of Florids. I am harriad registered agent. Or both, in the State of Florids. I am harriad registered agent. Or both, in the State of Florids. I am harriad registered agent. Or both, in the State of Florids. I am harriad registered agent. Or both, in the State of Florids. I am harriad registered agent. Or both, in the		<u> </u>		U DI NOTA I I I I I I I I I I I I I I I I I I I
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current	Registered Agent	ZName -	7. Name and Address of New Registered Agent
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 Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature	12276-111 SAN JOSE BLVD.	-	Street Addres	s (P.O. Box Number is Not Acceptable)
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B. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES TITLE MANAGER HEMBERS MANAGERS 10. ADDITIONS/CHANGES TITLE MANAGER HEMBERS MANAGERS 10. MARE CONCECTO M	SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE	; Registered Agent signature requi	red when reinstating) DATE
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