

FILED
May 09, 2003 8:00 am
Secretary of State

04-22-2003 90180 032 ****50.00

4/21

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000024475

1. Entity Name

BOYNTON OFFICE INVESTORS LLC



55039327

Principal Place of Business

C/O CAPITAL PARTNERS, INC.
ONE INDEPENDENT DRIVE, STE. 114
JACKSONVILLE FL 32202-5019

Mailing Address

C/O CAPITAL PARTNERS, INC.
ONE INDEPENDENT DRIVE, STE. 114
JACKSONVILLE FL 32202-5019

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

74-3062213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

EVANS, WILLIAM G
C/O CAPITAL PARTNERS, INC.
ONE INDEPENDENT DRIVE, STE. 114
JACKSONVILLE FL 32202-5019

Name

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

City

FL

Zip Code

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 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	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10.

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Managing Member	Boynnton Capital LLC	One Independent Dr., Suite 114	Jacksonville FL 32202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Managing Member	Cartel Boynnton LLC	908 S. Delaney Avenue	Orlando, FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

William G. Evans 4/10/03 (904) 356-1978

CR2E083 (10/02)