2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

SUITE 2200 DENVER CO 80203

1700 LINCOLN STREET

DOCUMENT # L02000027292

1. Entity Name

Principal Place of Business

2. Principal Place of Business

1000 BROWARD ROAD

JACKSONVILLE FL 32218

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

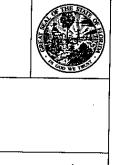
9.

ISLAND POINTE PARTNERS, LLC

Country

FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90113 001 ***100.00





DATE

ADDITIONS/CHANGES

Zip Code

b. Name and Address of Current Registered Agent	7. Name and Address of New Registered A
MOCK, FRANK	Name
SUN TRUST CENTER 200 S ORANGE AVE. SUITE 2300	Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32801	
	City

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 fam the obligations of registered agent.	iliar with, and accept
	- · · · · · ·	

10.

Country

	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstatin
Ac.	Make Che	FILE NOW!!! FEE IS \$50.00 eck Payable to Florida Department of State Due By May 1, 2003

MANAGING MEMBERS/MANAGERS

TITLE		, as in one, on video			
NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robert P. Jacobsen 1700 Lincoln St. Suite 2200 Denver, CO 80203	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Charles W. Webb 1700 Lincoln St. Suite 2200 Denver, CO 80203	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	MGRM Marlen Matchews III 1700 Lincoln St. Suite 2200 Denver, CO 80203	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Patrick Burke 1700 Lincoln St. Suite 2200 Denver, CO 80203	☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	STREET ADDRESS	MGRM David Strickland 1700 Lincoln St. Suite 2200	Change	⊠ Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

☐ Delete

Change

Addition