FILED
Jun 13, 2003 8:00 am
Secretary of State
05-02-2003 90582 035 ****50.00

S/

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

44004297

DOCUMENT # L02000031989

1. Entity Name
THE RESERVE AT NASSAU LAKES, LLC

[redacted]

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
6215 WILSON BLVD. JACKSONVILLE, FL 32210	PO BOX 7779 JACKSONVILLE, FL 32238

2. Principal Place of Business	3. Mailing Address
6215 Wilson Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 02-0669011 — Applied For ☐ / Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STONEBURNER, GRESHAM R ONE INDEPENDENT DR., STE. 2000 JACKSONVILLE, FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE _____

[redacted]

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Managing Member / TWI Corporation / 6215 Wilson Blvd. / Jacksonville, FL 32210 ☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

CR2E083 (1/02)

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: W.B. Towers, Jr. 4-30-03 904-778-4888

SIGNER NAME AND TITLE OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN, MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #