

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0000044 AF

DOCUMENT # **L96000000237**

1. Entity Name
121 ATLANTIC, L.C.

00 FEB -2 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 50 NORTH LAURA STREET SUITE 3900 JACKSONVILLE FL 32202	Mailing Address 50 NORTH LAURA STREET SUITE 3900 JACKSONVILLE FL 32202-3622
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3373724		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131-3209				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAUD, EDMOND			NAME			
STREET ADDRESS	8843-1 SAN JOSE BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32247			CITY-ST-ZIP	900003123139--3		
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALLIS, DONALD W			NAME			
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3900			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32202			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 **EDMOND SAUD MGR** Date **JAN 31, 00** Daytime Phone # **904-737-8846**

CR2E083 19/99