2000 UNIFORM E	BUSINESS REPORT (UBR

DOCUMENT # L9700000225										990
1. Entity Name ST. JOHNS VILLAGE CENTER, L.L.C.				SECRETARY OF STATE DIVISION OF CORPORATIONS					Ą	
		1								
Principal Place of Business Mailing Address					1	UU FEB	29 PH I	: 18		
3946 ST. JOH		1722 S. CARSON						. •		
C/O COMMAN JACKSONVILLI	ider apartments e fl. 33205	TULSA OK 74119-4666								
UNIONO UNIVERSITA										
2. Principal Place of Business 3. Mailing Address					-	1 0 1) 0 10 1016 1001 0011 0011				
Suite, Apt. #, etc. Suite, Apt. #, etc.		-		DO NOT WRITE IN THIS SPACE						
City & State City &		City & State	/ & State			4. FEI Number 59-3428648 Applied For Not Applied ber				
Zip	Country Zip		Country		5. Certifica	te of Status Desired	□ \$5.00 Fee Re	Addit		
	6. Name and Address of Curr	ent Registered Agent	<u>.l</u>	Τ	7. Name ar	d Address of New Reg		901100		1
				Name						
CRABTREE, RANDY ESQ. 8375 DIX ELLIS TRAIL, SUITE 401				Street Address (P.O. Box Number is Not Acceptable)						
	VILLE FL 32256									1
		-		City			FL Zip	Code	`	1
g The above	named entity submits this stateme	nt for the purpose of changing it	s register	end office or registe	ered agent or h	oth in the State of Florid			<u>-</u> .	\mathbf{I}
o. The above	mariled entity submits this stateme	The purpose of ortaliging it	o register	ea omee or region	orca again, or o	out, in the older of them				
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NO	TE: Registere	ed Agent signature require	ed when reinstating)		DATE			
	C + SPIE								···	
		i i		FEE IS \$50.00 to Department						
	144140000045					ADDITIONS/C	HANCES			-
9. ····	MANAGING ME	MBERS/MEMBERS Delete	10.			ADDITIONS/C	Chz	mās —	Addition	8
NAME	HOLZEL, STEPHEN E		NAN							9) (6)
STREET ADDRESS CITY-ST-ZIP	26 PARK STREET MONTCLAIR NJ 07042			EET ADDRESS Y-\$T-ZIP	\neg	13113/00				CR2E083 (9/99)
TITLE		☐ Delisto	TITL	LE .		10100000	Cha	mga	Addition	뚱
NAME STREET ADDRESS			NAN RTR	AE Eet address	33	0000031/ 03/14/)nn1n92	n1	E	
CITY-8T-ZIP	·	÷ 1.		Y- 8T- ZIP		<u>**</u> ****)	**Š! <u> </u>	0.00-	
TITLE		☐ Defeta	TITI				Chr	nge	Addition .	
<i>NAME</i> STREET ADDRESS			MAA STR	EET ADDRESS						
CITY-ST-ZIP			CITY	r - 81 - ZIP	. <u></u>				_	
TITLE NAME		☐ Celeta	TITL Nam					inge	Addition	
STREET ADDRESS			STR	EET ADURESS						
CITY-8T-ZIP			-	r- ST-ZIP			Chiz		Addition	-
TITLE NAME		☐ Delete	TITL				ᆜᆡᅜᅜ	AG		
STREET ADDRESS		T.		EET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP			TITE		_		Cha	mga	Addition	1
RAME		<u> </u>	NAR	AE .						
ŞTREET ADDRESS City-87-Zip				EET ADDRESS Y-ST-ZIP						
11. I hereby of indicated	certify that the information supplied on this report is true and accurate	and that my signature shall have	or the exe	emption stated in S ie legal effect as if	made under oa	th; that I am a managin	urther certify that ig member or ma	the info	ormation of the	İ
umited lia	bility company or the receiver or tru	istee empowered to execute this	Port a	s required by Char /						
SIGNAT	URE: SXIII	WHIS BIXTOU	UL.	D	2	-22.00 9:	23-744-9	497	0	
<u> </u>	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING MANAGING	MEMBER	OR MANAGER		Date	Daytime Pho		w	