200	IUNI	FURM BUS	INE	:22 KEPU	KI	(AR	K)								
DOCU 1. Entity Nan		•													
MARCUS E. MONK, L.L.C.									ED						
Principal Place of Business				Mailing Address 01					PMI	2: 17					
10934 LEM TURNER ROAD JACKSONVILLE FL 32218				10934 LEM TURNER ROAD JACKSONVILLE FL 32218 JACKSONVILLE FL 32218			ETARY LHASSI	OF ST	ATE ORIDA			`			
							পৰ হৈছে				 	 	 	a 14821 7881 7881	
2. Principal Place of Business				3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.						DO NOT V	VRITE IN	THIS SI	PACE		
City & State				City & State			- ~	4. FEI N	Number	59-350	9001	. تد		pplied For lot Applicable	
Zip	Zip Country		Z	Zip		Country		5. Certi	ficate of S	itatus Desire	ed [5.00 Ad		7
	6. Name	ered Agent		Name		7. Nam	e and Add	dress of Ne	w Regist	ered A	gent		7		
MONK, MARCUS E 10934 LEM TURNER ROAD JACKSONVILLE FL 32218							Street Address (P.O. Box Number is Not Acceptable)								
						City			-			FL	Zip Coo	te	1
8. The above	named entity	y submits this statement for	or the pu	urpose of changing its	register	ed office o	r register	ed agent,	or both, in	the State o	f Florida.		•		
SIGNATURE	Signature typed	or printed name of registered agent	t and title if	applicable (NOT)	Posiatoro	d Agent signat			:>			DATE			
		FEE IS \$		whom romstate]			DATE			1				
	Make Check Pa	yable t	o Depart	ment of	State										
9. MANAGING MEMBI				Due By Sep			2001		ļ	ADDITIO	NS/CHAI	NGES			-
TITLE	MGRM	IND SECTION OF THE CONTRACT OF	L(10) (VI)	☐ Delete	10.	<u> </u>				ADDITIO	NO/ CHAI		Change	☐ Addition	d€
NAME STREET ADDRESS	MONK, MARCUS E				NAM		·								CR2E083 (5/01
CITY-ST-ZIP	10934 LEM TURNER ROAD JACKSONVILLE FL 32218					ET ADDRESS -ST-ZIP	1								80
TITLE	MBR	NAMED IT OFFICE		☐ Delete	TITLI								Change	Addition	18
NAME . STREET ADDRESS .	MONK, ROSE N				NAM	-	-								
CITY-ST-ZIP		4925 RIVER BASIN DR. S. JACKSONVILLE FL 32207				ET ADDRESS - ST-ZIP	-	***************************************		90 9 00 90-	7 4 5	3 5 -5		∃ =3	•
TITLE	MBR	MAILL I L OZZOI		☐ Delete	TITLE		7 2 5			**	****5	5.00 ₀		**55AddibA	1
NAME	1	AN FAMILY TRUST			NAM								_ •		
STREET ADDRESS CITY-ST-ZIP		VER BASIN DR, S.				ET ADDRESS -ST-ZIP									
TITLE	JACKSO	NVILLE FL 32207		☐ Delete	TITLE								Change	Addition	-
NAME					NAM							,	Onliange	Addition	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS									
TITLE				D p-1-4-	+	-ST-ZIP							7 Ch		┨ .
NAME				☐ Delete	NAMI							l	Change	☐ Addition	
STREET ADDRESS					STRE	ET ADDRESS									1
CITY-ST-ZIP				<u></u>	CITY	-ST-ZIP									
TITLE NAME				☐ Delete	TITLE							Į	☐ Change	☐ Addition	
STREET ADDRESS					NAMI	ET ADDRESS									
CITY-ST-ZIP					CITY-	-ST-ZIP									
11. I hereby condicated	ertify that the	information supplied with is true and accurate and	this filir that my	ng does not qualify for signature shall have t	the exer	mption state legal effe	ed in Sec	tion 119.0	7(3)(i), Flo	orida Statute t I am a ma	es. I furthe	er certify ember	that the in	nformation or of the	1

SIGNATURE: MONK 8-15-01 904-764-3249