

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000706**

1. Entity Name
CASE VENTURE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB - 1 PM 4: 19

Principal Place of Business
**5000 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082**

Mailing Address
**5000 SAWGRASS VILLAGE CIRCLE, SUITE 21
PONTE VEDRA BEACH FL 32082-5041**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
59-3514025

Applied For
Not Applicable

Zip Country Zip Country

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

**RAX CO.
% MCGUIRE, WOODS, BATTLE & BOOTHE LLP
50 NORTH LAURA ST., 3300
JACKSONVILLE FL 32202**

Name **Gregory A. Krehel**
Street Address (P.O. Box Number is Not Acceptable)
**5000 Sawgrass Village Circle
Suite 21**
City **Ponte Vedra Beach FL** Zip Code **32082**

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

1-28-00

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGR KREHEL, GREGORY A**
STREET ADDRESS **5000 SAWGRASS VILLAGE CIRCLE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE Delete
NAME **MGR WISS, ROBERT**
STREET ADDRESS **5 CIVIC PLAZA, SUITE 300**
CITY-ST-ZIP **NEWPORT BEACH CA 92660**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
900003123633-2
-02/04/00-01009-012
*******50.00 *****50.00**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-28-00

904-273-5000

X33