05-02-2003 90585 006 ****50.00
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FILED

03 MAY 20 PM 1:30

Amended
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30067195

DOCUMENT # L98000000889

1. Entity Name
PM SOUTHPARK CORPORATE CENTER, L.C.

Principal Place of Business	Mailing Address
6299-5 POWERS AVENUE JACKSONVILLE, FL 32217	6299-5 POWERS AVENUE JACKSONVILLE, FL 32217

2. Principal Place of Business	3. Mailing Address
6260-1 Dupont Station Ct	Same As Principle
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc.
City & State Jacksonville Fl	City & State
Zip 32217 Country U.S.	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3533134 ☐ 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
TIMOTHY P. KELLY, P.A. 1016 LASALLE ST JACKSONVILLE, FL 32207	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

ANNUAL FILING FEE IS $50.00
Make Check Payable to Florida Department of State
Report Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEEK, M. CRAIG 6299-5 POWERS AVENUE JACKSONVILLE, FL 32217 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Charles B Price 6260-1 Dupont STATION CT JACKSONVILLE, FL 32217 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #