2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001250

1. Entity Name

ASSOCIATED MANAGEMENT OF ORANGE PARK, L.C.

FILED 00 MAR 24 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W 4/4

Principal Place of Business	Mailing Address
1910 WELLS ROAD. STE 1037 ORANGE PARK FL 32073	1910 WELLS ROAD. STE 1037 ORANGE PARK FL 32073-6771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3525312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KEITH H
8810 GOODBY'S EXECUTIVE DRIVE, STE A
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name BURHAN SULTAN

Street Address (P.O. Box Number is Not Acceptable)

1910 WELLS ROAD, STE 1037

City ORANGE PARK FL Zip Code 32073

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 [signature] BURHAN SULTAN OWNER 3-20-2000

Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SULTAN, BURHAN 1910 WELLS ROAD, STE 1037 ORANGE PARK FL 32073	☐ 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 500003196075--5 -04/05/00--01004--024 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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] BURHAN SULTAN 3-20-2000 (904) 269-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #