2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 APR 26 AM 10: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000717 AF

DOCUMENT # L98000001250

1. Entity Name
ASSOCIATED MANAGEMENT OF ORANGE PARK, L.C.

Principal Place of Business	Mailing Address
1910 WELLS ROAD, STE 1037 ORANGE PARK FL 32073	1910 WELLS ROAD, STE 1037 ORANGE PARK FL 32073

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

DO NOT WRITE IN THIS SPACE

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

SULTAN, BURHAN
1910 WELLS ROAD, STE 1037
ORANGE PARK FL 32073

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 FL 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 4-21-2001
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 600004192093--9 -05/10/01--01004--010 *****50.00 *****50.00
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
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CR2E083 (11/00)

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 OWNER - 4-21-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 904-269-