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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am DOCUMENT # L9800001322 **Secretary of State** 01-31-2002 90025 013 ****50 00 B.K.F. OF JACKSONVILLE, L.L.C. Principal Place of Business Mailing Address 5772 MINING TERRACE **5772 MINING TERRACE** JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3557268 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... Name HOLBROOK COLD, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE FL 32202 City 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. 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR ☐ Delete TITL F ☐ Addition CR2E083 (9/01 TITI F BRENT, DAVID C NAME NAME 5772 Mining TerrAce STREET ADDRESS 2899-4 POWERS-AVENUE STREET ADDRESS SACKSONVIlle, PL 3225 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ed to execute this report as required by Chapter 608, Florida Statutes.

limited liability company or th

SIGNATURE: