2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 AM
Secretary of State

DOCUMENT# L98000001357

Entity Name: LBA FINANCIAL PLANNING PARTNERS, LLC

Current Principal Place of Business:

1301 RIVERPLACE BOULEVARD, SUITE 2400
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1301 RIVERPLACE BOULEVARD, SUITE 2400
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3543661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCK, RICHARD
1301 RIVERPLACE BOULEVARD, SUITE 2400
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	BROCK, RICHARD D	
Address:	1301 RIVERPLACE BOULEVARD, SUITE 2400	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGRM	( ) Delete
Name:	ALBANEZE, DAVID T	
Address:	1301 RIVERPLACE BOULEVARD, SUITE 2400	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGRM	( ) Delete
Name:	BRINSON, DAVID	
Address:	1301 RIVERPLACE BOULEVARD, SUITE 2400	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGRM	( ) Delete
Name:	PARSONS, HARRY M JR.	
Address:	1301 RIVERPLACE BOULEVARD, SUITE 2400	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGRM	( ) Delete
Name:	HINCKLEY, ROBERT W	
Address:	1301 RIVERPLACE BOULEVARD, SUITE 2400	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGRM	( ) Delete
Name:	VON STEIN, NEAL J	
Address:	1301 RIVERPLACE BOULEVARD, SUITE 2400	
City-St-Zip:	JACKSONVILLE, FL 32207	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD D. BROCK MGR 03/27/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date