2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L98000001521

1. Entity Name

MPG PUBLIX OF ENGLEWOOD, L.C.

Principal Place of Business	Mailing Address
28050 U.S. HIGHWAY 19 N., SUITE 200 CLEARWATER FL 33761	28050 U.S. HIGHWAY 19 N., SUITE 200 CLEARWATER FL 33761-2627

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. 205	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number 59-3528281 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STAACK, JAMES A ESQ
STAACK & SIMMS, P.A.
121 NORTH OSCEOLA AVENUE, SUITE 200
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name *Louanne S. Love, P.A*
Street Address (P.O. Box Number is Not Acceptable) *28050 US Hwy. 19 n.*
Suite 205
City *Clearwater*   FL   Zip Code *33761*

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]_   *3/20/00*
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 MGRM **NAME** MONROE, CHARLES H III **STREET ADDRESS** 28050 U.S. HIGHWAY 19 N., SUITE 205 **CITY-ST-ZIP** CLEARWATER FL 33761	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition 5000003198285--8 -04/06/00--01060--011 *****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 (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]_ UNALTERED   *3/20/00*   *727 669-7412*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #