

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002720 AF

DOCUMENT # L98000001750

1. Entity Name
COUNTRY LIFE, LLC

Principal Place of Business

Mailing Address

8601 BEACH BLVD SUITE 107
JACKSONVILLE FL 32216

8601 BEACH BLVD SUITE 107
JACKSONVILLE FL 32216

2. Principal Place of Business
4300 Marsh Landing Boulevard
Suite 101
Jacksonville Beach, FL 32250

3. Mailing Address
4300 Marsh Landing Boulevard
Suite 101
Jacksonville Beach, FL 32250



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3639031** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Zip Country Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINLAY, CHRISTOPHER
4300 Marsh Landing Boulevard
Suite 101
Jacksonville Beach, FL 32250

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 **Christopher C. Finlay** 2/23/01
Signature, typed or printed name of registered agent and title if applicable. (Not Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004275769--1
-05/22/01--01032--011
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINLAY PROPERTIES, INC. 4300 Marsh Landing Boulevard Suite 101 Jacksonville Beach, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Christopher C. Finlay** 2/23/01 904.280.1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)