

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 28 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000001960**

1. Entity Name

1998 LAKE CITY ASSOCIATES, L.L.C.

Principal Place of Business

363 ATLANTIC BLVD., SUITE 3-A  
ATLANTIC BEACH FL 32233

Mailing Address

363 ATLANTIC BLVD., SUITE 3-A  
ATLANTIC BEACH FL 32233-5283

2. Principal Place of Business

151 Sawgrass Corners Dr.

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Zip

32082

Country

Zip

Country

*MJM*

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3537700

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FAIRBANKS, RANDAL C  
217 PONTE VEDRA PARK DRIVE, SUITE 200  
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

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

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

TITLE NAME  Delete  
MGRM  
FERBER, PAUL S  
STREET ADDRESS 363 ATLANTIC BLVD., SUITE 3  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME  Change  Addition  
STREET ADDRESS 151 Sawgrass Corners Drive, suite 202  
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE NAME  Change  Addition  
500003250975--9  
STREET ADDRESS -05/12/00--01097--015  
CITY-ST-ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME  Change  Addition  
STREET ADDRESS  
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-2600

Date

Daytime Phone #

CR2E083 (9/99)