2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9800002369							FILED				
INTUITION DEVELOPMENT HOLDINGS, L.L.C.							01 APR -6 PM 4: 16				
Principal Place of Business Mailing Address							SECRETARY OF STATE TALLAHASSEE. FLORIDA				
C/O BARRY	ipoint Park Henry Le FL 32216	•	6420 SOUTHPOINT PARKWAY C/O BARRY HENRY JACKSONVILLE FL 32216				TALLAHASSEE, FLORIDA				
2. Principal I	Place of Busi	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEII	Number 59-3538128			pplied For ot Applicable	e
Zip		Country	Zip	Cour	ntry	5. Cert	ificate of Status Desired [\$5.00 Additional Fee Required]_	
	6. Name	e and Address of Current	Registered Agent	<u> </u>		7. Nam	e and Address of New Regis				_ \ `
					Name						
HENRY, BARRY K 6420 SOUTHPOINT PARKWAY					Street Address (P.O. Box Number is Not Acceptable)						
JACKSO	NVILLE FL :	32216			City			FL	Zip Cod	e	4
8. The above	e named entit	v submits this statement for	the purpose of changing its	register	ed office or rec	istered agent	or both, in the State of Florida.				-
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SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTI	E: Registere	d Agent signature re	quired when reinstat	ing)	DATE		 -	
											_
			FILE No Make Check Pa		FEE IS \$50. o Departme						
9.	<u> </u>	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHA	NGES			- 5
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muicated	on mus repor	LIS ITUR AND ACCURATE AND T	his filing does not qualify for hat my signature shall have t empowered to execute this r	ho como	ilanal attact se	ut made under	07(3)(i), Florida Statutes. I furth oath; that I am a managing m rida Statutes.	er certify nember o	that the in or manager	formation r of the	
- SIGNAT	URE: _	Buckell			K HOUR	y 3	30/01 904	- 28/	-7/0	61	
,	SIGNATURE A	IND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED REPE	RESENTATIVE	Date	Dayti	ime Phone #	<u></u> -	1