

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002899
1. Entity Name
ACF MANAGEMENT, L.L.C.

Principal Place of Business: **100 N. TAMPA ST., SUITE 2410 TAMPA FL 33602**
Mailing Address: **100 N. TAMPA ST., SUITE 2410 TAMPA FL 33602-5809**

2. Principal Place of Business: **Same as above**
3. Mailing Address: **Same as above**

City & State, Zip, Country fields for both principal and mailing addresses.

4. FEI Number: **59-3542907** APPLIED FOR
5. Certificate of Status Desired: \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DUNBAR, MARC W
215 SOUTH MONROE STREET, SECOND FLOOR
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name: **Timothy G. Cockshutt**
Street Address: **100 N. Tampa Street**
Suite 2410
City: **Tampa** FL Zip Code: **33602**

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: *Timothy G. Cockshutt* **Timothy G. Cockshutt, Member of Advantage Capital FL GP I, LLC** DATE: **4/20/00**

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

800003256698--8
-05/18/00--01012--018
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	MGRM BROWN, CRICHTON W	<input type="checkbox"/> Delete
STREET ADDRESS	345 BAYSHORE BOULEVARD, APT. 1513	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	MGRM STULL, STEVEN T	<input type="checkbox"/> Delete
STREET ADDRESS	909 POYDRAS STREET, SUITE 2230	
CITY-ST-ZIP	NEW ORLEANS LA 70112	
TITLE NAME	MGRM BERGMANN, DAVID W	<input type="checkbox"/> Delete
STREET ADDRESS	7733 FORSYTH BOULEVARD, SUITE 1850	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE NAME	MGRM ZAJAC, SCOTT A	<input type="checkbox"/> Delete
STREET ADDRESS	7733 FORSYTH BOULEVARD, SUITE 1850	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	MGRM Brown, Crichton W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 N. Tampa Street, Suite 2410	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Timothy G. Cockshutt* **SIGNATURE REQUIRED** DATE: **4/20/00** (813) 221-8700
By: **Timothy G. Cockshutt, Member of Advantage Capital FL GP I, LLC** Date: _____ Daytime Phone #: _____

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CR2E083 (9/99)