

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003206

1. Entity Name
TOC REAL ESTATE INVESTORS, L.L.C.

APPROVED
AND
FILED

00 MAY -2 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 720 S.W. 2ND AVENUE AYERS MEDICAL PLAZA, SUITE 300 GAINESVILLE FL 32601	Mailing Address 720 S.W. 2ND AVENUE AYERS MEDICAL PLAZA, SUITE 300 GAINESVILLE FL 32601 6274
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2. Principal Place of Business 6800 NW 9th BOULEVARD Suite, Apt. #, etc. SUITE 2 City & State GAINESVILLE, FL Zip 32605 Country USA	3. Mailing Address 6800 NW 9th BOULEVARD Suite, Apt. #, etc. SUITE 2 City & State GAINESVILLE, FL Zip 32605 Country USA
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4. FEI Number 59-3549387	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HARRIS, FRED F ESQ.
101 EAST COLLEGE AVENUE
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAKE, W. PRESTON M.D. 6900 N.W. 9TH BLVD. GAINESVILLE FL 32605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSH, CLINTON G III 720 S.W. 2ND AVENUE GAINESVILLE FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAFTE, EDWARD M M.D. 720 S.W. 2ND AVENUE GAINESVILLE FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, KIPP W M.D. 6820 NW 11TH PLACE GAINESVILLE FL 32605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANE, TIMOTHY M.D. 720 S.W. 2ND AVENUE GAINESVILLE FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARR, PHILLIP L M.D. 6900 N.W. 9TH BLVD. GAINESVILLE FL 32605 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHMENT A 200003259372--3 -05/19/00--01078--025 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] 26 Apr 00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

001233 AF

CR2E083 (9/99)