2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000003206

1. Entity Name

TOC REAL ESTATE INVESTORS, L.L.C.

FILED

01 APR 30 PM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6800 NW 9TH BLVD.. SUITE 2 GAINESVILLE FL 32605	6800 NW 9TH BLVD.. SUITE 2 GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3549387 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, FRED F ESQ. 101 EAST COLLEGE AVENUE TALLAHASSEE FL 32301	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.

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-05/15/01--01047--024

SIGNATURE _____ *****50.00 *****50.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BLAKE, W. PRESTON M.D. 6900 N.W. 9TH BLVD. GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WATERS, J. STEPHEN 720 SW 2ND AVENUE GAINESVILLE, FL 32601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BUSH, CLINTON G III 720 S.W. 2ND AVENUE GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM POWELL, RODGER D. 720 SW 2ND AVE GAINESVILLE, FL 32601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JAFFE, EDWARD M M.D. 720 S.W. 2ND AVENUE GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHARKEY, ARTHUR M. 720 SW 2ND AVE GAINESVILLE, FL 32601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KENNEDY, KIPP W M.D. 6820 NW 11TH PLACE GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SLATTERY, JAMES B. 720 SW 2ND AVE GAINESVILLE, FL 32601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LANE, TIMOTHY M.D. 720 S.W. 2ND AVENUE GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PETTY, MARK A. 720 SW 2ND AVE GAINESVILLE, FL 32601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PARR, PHILLIP L M.D. 6900 N.W. 9TH BLVD. GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MAXEY, AMANDA G. 720 SW 2ND AVE GAINESVILLE, FL 32601	☐ Change ☑ Addition

CR2E083 (11/00)

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: _____ CFO TONY ANDERSON 4/25/01 (352) 332-6565, EXT. 25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #