| 2000 UNIFORM BUSINESS REPORT (UBR) | | | | | | AND FILED | | | | |
|---|--|-------------------------------------|---------------------|---------------------------|---|-----------------------------------|--|-----------------------------------|--------|--|
| DOCUMENT # L9800003462 | | | | | | | | | | |
| 1. Entity Name THOMPSON-NOLENSVILLE, LLC | | | | | 00 APR -6-AM 10: 23 | | | | : | |
| 11 101111 0 | 5/4/102E/104/EEE, EE0 | | | | 1 | SECRETARY OF STALLAHASSEE, FL | TATE | | | |
| Principal Place of Business Mailing Address | | | | | | ^ | URIDA | | | |
| 121 WEST FORSYTH STREET. SUITE 200 121 WEST FORSYTH S JACKSONVILLE FL 32202 JACKSONVILLE FL 322 | | | | | | -nl/ | | | | |
| MORSOMVILLI | E FL 32202 | SHORDONVIELE 1 E 32202 | L-3042 | | - [| . Y | J(1) 40) 80 21()(4 2 0) | | | |
| A D : D : L | | O Alexin Address | | | | | | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State | City & State | | 4. FEI Number 59-3531759 Applied F | | | |] | |
| Zip Country | | Zip | Countr | гу | 5. Certificate of Status Desired | | S5.00 Additional Fee Required | | | |
| | 6. Name and Address of Cu | rrent Registered Agent | | | 7. Nam | e and Address of New Register | | | - | |
| F & L CORP. | | | | Name | | | | | | |
| 200 LAURA STREET | | | | Street Addres | dress (P.O. Box Number is Not Acceptable) | | | | | |
| JACKSON | VILLE FL 32202-3520 | | | | <u> </u> | | | | | |
| | | | | City | | | Zip Co | de | | |
| 8. The above | named entity submits this statem | nent for the purpose of changing it | s registered | d office or regis | stered agent, | or both, in the State of Florida. | | | | |
| SIGNATURE | Signature, typed or printed name of registere | d agent and title if any Eochie | TE: Basistarad | Agent signature requ | irad whan reinetat | ng) Dá | JE | |] | |
| | Signature, typeo or primed harre or registerer | | | | | <u></u> | | | 1 | |
| | | Make Check P | | EE IS \$50.0 Departmen | | | | | | |
| 9. | , | MEMBERS/MEMBERS | 10. | | | ADDITIONS/CHAN | | | 6 | |
| TITLE MGR HAME REGENCY REALTY GROUP, INC. | | INC. | TITLE | | | | Change | Addition | (66/6) | |
| STREET ADDRESS 121 WEST FORSYTH STREET, SUITE 200 | | | | T ADDRESS ST-ZIP | | -60000321 -04/20/00 | 01100- | -017 | E083 | |
| CITY- 8T- ZIP | JACKSONVILLE FL 32202 | | | | | -04/20/00 *****50.1 |]]] | ¥ 50, ∩∂ ☐ Addition | CR2E08 | |
| NAME | | | MAME | T ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ST-ZIP | 1. | | | | } | |
| TITLE | | ☐ Delata | - TITLE | | | | — Change | Addition - | | |
| STREET ADDRESS | | | STREE | T ADDRESS | | | | | | |
| CITY-8T-ZIP | | | CITY- | ST-ZIP | - | | Change | Addition | | |
| TITLE NAME | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | T ADDRESS ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition | } | |
| NAME STREET ADDRESS | | | NAME STREE | T ADDRESS | | | · · | | | |
| CITY-11-ZIP | | | | 8T-ZIP | | | | | | |
| TITLES! | | | TITLE NAME | 1 | | | <u> </u> | Addition | | |
| STREET ADDRESS | | | \$TREE | T ADDRESS | | | | | 1 | |

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.

C174-87-21P

SIGNATURE:

CITY - 81- ZIP

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

4/4/00 904-596-700