2002 UNIFORM BUSINESS REPORT (UBR)

L98000003462 DOCUMENT # 1. Entity Name THOMPSON-NOLENSVILLE, LLC

Principal Place of Business

Mailing Address

121 WEST FORSYTH STREET. SUITE 200 JACKSONVILLE FL 32202

200 LAURA STREET JACKSONVILLE FL 32202

2. Principal Place of Business 3. Mailing Address

FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90190 014 ****50.00

954837



Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		•	DO NOT WRITE IN THIS SPACE	
					4. FEI Number 59-3531759 Applied For Not Applied	
Zip	Country	Zip	Country		5. Certificate of Status Desired Specificate Status Desired Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
F & L CORP.				Name		
	URA STREET		Street Add		ress (P.O. Box Number is Not Acceptable)	
JACKS	ONVILLE FL 32202-3520					
				City	FL Zip Code	

SIGNATURE 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 Due By May 1, 2002

9.	MANAGING MEMBERS/MANAGERS	10,	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REGENCY REALTY GROUP, INC. 121 WEST FORSYTH STREET, SUITE 200 JACKSONVILLE FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE [®] NAME STREËT ADDRESS CITY [®] ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

By Regency

SIGNATURE:

VICE PRESIDENT ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE