## **2000 UNIFORM BUSINESS REPORT (UBR)**

2000 UNIFORM BUSINESS REPORT (UBR)						APPROVED AND				
DOCUMENT # L990000013						FILED				
1. Entity Name JCD PALMS AT MAYPORT, L.L.C.			رامين	Ĩ.		00 MAY 16 PM 3: 36				₽
	,					SECRETA TALLAHAS	RY OF S	TATE		
Principal Place of Business  3740 BEACH BLVD SUITE 300  JACKSONVILLE FL 32207  Mailing Address  3740 BEACH BLVD SUITE  JACKSONVILLE FL 32207  JACKSONVILLE FL 32207-36						TALLAHAS		er Adect Zalar		
2. Principal Place of Business 3. Mailing Address							<b>61</b>     <b>53</b>     <b>56</b>			
Suite, Apt. #, etc. Suite, Apt. #,					_	DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State	City & State			Number N/A	_		plied For	-
Zip	Country	Zip	Cour	ntry	5. Cert	ificate of Status Desired		5.00 Add	litional	
6. Name and Address of Current Registered Agent				- Name	7. Name and Address of New Registered Agent					
DEMETREE, JACK C					eet Address (P.O. Box Number is Not Acceptable)					$\frac{1}{2}$
3740 BEACH BLVD., SUITE 300 JACKSONVILLE FL 32207										1
S, IONGON				City			FL	Zip Code		1
8. The above	named entity submits this statement	for the purpose of changing it	s register	L ed office or regi	stered agent,	or both, in the State of Flo	rida.			1
SIGNATURE .										
01010110112	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registere	ed Agent signature rec	uired when reinsta	ing)	DATE			+
		FILE N Make Check P		FEE IS \$50.0 to Departmen		:				
9.	MANAGING MEM	BERS/MEMBERS	10.			ADDITIONS/				ļ.
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMETREE, JACK C 3740 BEACH BLVD., SUITE 300 JACKSONVILLE FL 32207	Deleta				•		Change	Addition	CR2E083 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delote	CITY	RE EET ADDRESS (-8T-ZIP		300003; -06/07, ******	2 <b>794</b> /0001	□ Change  - <b>1</b>	Addition 	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	The second of the second second in	Deleter - Deleter			THE STATE OF THE S			Chânga Chânga	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delota					I	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delate	1	i				☐ Change	Addition	
11. I hereby of indicated	certify that the information supplied w on this report is true and accurate ar bility company or the receiver or trust	id that my signature shall have	or the exe	emption stated in e legal effect as	if made unde	r oath; that I am a manag	further certifing member	y that the in or manage	nformation r of the	1

4/26/00 Date

904-398-730