

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED0000827
AF

DOCUMENT # L99000000106

1. Entity Name
APAM CORE FIXED INCOME LLC

00 MAY 12 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
201 E. PINE STREET, SUITE 600
ORLANDO FL 32801Mailing Address
201 E. PINE STREET, SUITE 600
ORLANDO FL 32801-2719

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-2896050Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEALL, JOHN P
201 E. PINE STREET, SUITE 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Grelecki, Richard T.

Street Address (P.O. Box Number is Not Acceptable)

201 East Pine St. Suite 600

City
Orlando, FL Zip Code
32801

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

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

(NOTE: Registered Agent signature required when reinstating)

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
ATLANTIC PORTFOLIO ANALYTICS & MANAGEMENT
201 E. PINE STREET, SUITE 600
ORLANDO FL 32801 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Huggins, J. Anthony
201 East Pine St. Suite 600
Orlando, FL 32801 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Knight, Jon M.
201 East Pine Street, Suite 600
Orlando, FL 32801 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003280952-5
-06/08/00--01011--016
*****50.00 *****50.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
J. A. Huggins, MGRM

Date

Daytime Phone #

(407) 843-7110

CR2E083 (9/99)