

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90086 034 ****50.00

DOCUMENT # L99000000238

1. Entity Name

ST. JOHN'S ASSOCIATES, L.L.C. ✓

Principal Place of Business

2174 SHARP COURT
 FERN PARK FL 32730

Mailing Address

C/O FEIT MANAGEMENT CO.
 5769 SOUTH UNIVERSITY DRIVE
 DAVIE FL 33328-6114

2. Principal Place of Business

3. Mailing Address

2870 Stirling Rd Ste
 Suite, Apt. #, etc.
 Ste. 2-A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood FL

Zip

Country

Zip

Country

33020

USA

4. FEI Number

65-0889189

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

FEIT MANAGEMENT COMPANY
 5769 S. UNIVERSITY DRIVE
 DAVIE FL 33328

Name

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

2870 Stirling Rd. Ste 2-A

City

Hollywood

FL

Zip Code

33020

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, typed or 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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 FEIT MANAGEMENT COMPANY
 5769 SOUTH UNIVERSITY DRIVE
 DAVIE FL 33328 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 2870 Stirling Rd. Ste 2-A
 Hollywood, FL 33020 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 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.

SIGNATURE:

SIGNATURE REQUIRED

4/3/02 854-921-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)