

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000000674

FILED
Jan 09, 2002 8:00 AM
Secretary of State

Entity Name: CB OF GAINESVILLE, L.L.C.

Current Principal Place of Business:

2306 S.W. 13TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

2306 S.W. 13TH STREET
SUITE 1206
GAINESVILLE, FL 32608

Current Mailing Address:

P.O. BOX 1122
ACCOUNTING DEPARTMENT
GAINESVILLE, FL 326021122

New Mailing Address:

FEI Number: 59-3556482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, DEBORAH
2306 S.W. 13TH STREET
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

BUTLER, DEBORAH
2306 S.W. 13TH STREET
SUITE 1206
GAINESVILLE, FL 32608 US

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: _____

01/09/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BUTLER, S. CLARK
Address: 2306 S.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: MEM () Delete
Name: BUTLER, DEBORAH
Address: 2306 S.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BUTLER, DEBORAH
Address: 2306 S.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: S. CLARK BUTLER

MGR

01/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date