

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 28 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000000705

**1. Entity Name**  
ROCK CREEK INVESTORS, L.L.C.

<b>Principal Place of Business</b> 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE FL 32207	<b>Mailing Address</b> 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE FL 32207-1806
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

MJM

FEI Number **59-3554697**

Applied For  Not Applicable

**5. Certificate of Status Desired**  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE, SUITE 300  
MIAMI FL 33131-3209

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

300003250059--8  
-05/12/00--01025--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAHOON, ARTHUR L 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER**

Date: **4/15/00** Daytime Phone #: **904-393-9020**

CR2E083 (9/99)