2001 UNIFORM BUSINESS REPORT (UBR)

			1 /	,		İ
DOCUMENT # L9900000931					FILE	
1. Entity Nam	PABLO BEACH, L.L.C.	•	011	AY II A	M 9: 31	
				SEC	RÉTARY OI AHASSEE,	F_STATE
Principal Plac	e of Business	Mailing Address		THELF	AHASSEE,	FLORIDA
1		512 WASHINGTON STREET				ļ I
512 WASHINGTON STREET 512 WASHINGTON STREET ORLANDO FL 32801 ORLANDO FL 32801						
2. Principal Place of Business One Independent Dr. One Independent [
Suite, Apt. #, etc. Suite, Apt. #, etc.			naeni pi	DO NOT WRITE IN THIS SPACE		
Suite 200 Sinte 20 City & State				Applied For		
Jack	csonville FL	Jacksonvi	11e, FL	59	-3557520	Not Applicable
32	202 Country USA	32202 2	75A	5. Certificate of State		S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
Name Illiam G. Evans						
MOTOLAV	P.O. Box Number is No	t Acceptable)	1 7 0			
50 NORTH LAURA STREET, SUITE 2750						T UIVE
JACKSONVILLE FL 32202			Surte	200		
City —				KSONVĪ	Tle,	FL Zip 3 2 a o a
8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
1/1/1/2 Proms 4/2001						
SIGNATURE Signature, typed of printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$50.00						
	1	Make Check Payable	-	d State		
		inake offeck rayable	to Department o	olate		!
9.	MANAGING MEMBE	ERS/MEMBERS 10	1.00		ADDITIONS/CH	HANGES
TITLE	MGRM		د' حسنا	mber	p, Inc.	Change
NAME STREET ADDRESS	T.H.E. GROUP, INC. 512 WASHINGTON STREET		TREET ADDRESS 512	E. Was	hanato	n St., Ste 200
CITY-ST-ZIP	ORLANDO FL 32801		TY-ST-ZIP		32	1801
TITLE	,	☐ Delete (1		mber		Change Addition
NAME	9	4	AME & Jor	es, Thon	zas F	0 -
STREET ADDRESS		€ ■.	TY-ST-ZIP	Plantox	100 CC	ch. FL 32082
TITLE			TLE TOT	moer.	a bear	Change Addition
NAME		· / •	13.11	- 1 2-1 1	m G.	, de la company
STREET ADORESS			TREET ADDRESS	Indepe	endent	Dr., Ste 200
CITY-ST-ZIP			TY-ST-ZIP	cksonvi	11e, Fl	<u> </u>
TITLE NAME			TLE TICE	P-TRL P	artne	Change Addition
STREET ADDRESS		1	TREET ADDRESS 512	E. Wash	ination	St., Ste 200
CITY-ST-ZIP		CI	TY-ST-ZIP	lando, Fl	<u> </u>	801
TITLE			TLE			☐ Change ☐ Addition
NAME STREET ADDRESS			AME Freet Address	200		768223
CITY-ST-ZIP			TY-ST-ZIP		*************************************	(101007008 00 *****50.00
TITLE		☐ Defete	TLE		<u></u>	☐ Change ☐ Addition
NAME		4	AME			
STREET ADDRESS		1	FREET ADDRESS			
CITY-ST-ZIP	continuition that the information of the distriction	__	TY-ST-ZIP	action 110 07/9/// FI	ida Statutas 14	
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 report or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
16/1/201 -10no						
SIGNATURE: (1/30/0) (904) 356-1918						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destine Phone #						