

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90130 039 \*\*\*\*50.00

DOCUMENT # **L99000000931**

1. Entity Name

**LINKS AT PABLO BEACH, L.L.C.**

Principal Place of Business

**ONE INDEPENDENT DR., SUITE 200  
 JACKSONVILLE FL 32202**

Mailing Address

**ONE INDEPENDENT DR., SUITE 200  
 JACKSONVILLE FL 32202**

**961489**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**One Independent Dr.**

Suite, Apt. #, etc.

**Suite 114**

City & State

**Jacksonville FL**

Zip **32202**

Country **USA**

3. Mailing Address

**One Independent Dr.**

Suite, Apt. #, etc.

**Suite 114**

City & State

**Jacksonville FL**

Zip **32202**

Country **USA**

4. FEI Number

**59-3557520**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**EVANS, WILLIAM G**

**ONE INDEPENDENT DRIVE, SUITE 200 114  
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

**Evans, William G.**

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

**One Independent Drive  
 Suite 114**

City

**Jacksonville FL**

Zip Code

**32202**

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.

**William G. Evans, Member**

**4/29/02**

(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

TITLE **MBR**  Delete  
 NAME **T.H.E. GROUP, INC.**  
 STREET ADDRESS **512 WASHINGTON STREET,**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **MBR**  Delete  
 NAME **ACP-JRL PARTNERSHIP, LTD.**  
 STREET ADDRESS **512 WASHINGTON STREET**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **MBR**  Delete  
 NAME **JONES, THOMAS F**  
 STREET ADDRESS **105 PLANTATION CIRCLE**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **MBR**  Delete  
 NAME **EVANS, WILLIAM G**  
 STREET ADDRESS **ONE INDEPENDENT DR., STE 200 114**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MBR**  Change  Addition  
 NAME **T.H.E. Group, Inc.**  
 STREET ADDRESS **512 East Washington St, Suite 200**  
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **MBR**  Change  Addition  
 NAME **ACP-JRL Partnership, Ltd.**  
 STREET ADDRESS **512 East Washington St, Suite 200**  
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MBR**  Change  Addition  
 NAME **Evans, William G.**  
 STREET ADDRESS **One Independent Dr., Ste 114**  
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**

**William G. Evans 4/29/02 (904)356-1978**

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

Member

Date

Daytime Phone #

CR2E083 (9/01)