

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001042

1. Entity Name  
PABLO BEACH PROPERTIES, L.L.C.

FILED

01 MAY -2 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

512 WASHINGTON STREET  
ORLANDO FL 32801

Mailing Address

512 WASHINGTON STREET  
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One Independent Dr.  
Suite 200  
Jacksonville, FL  
32202 USA

3. Mailing Address

One Independent Dr.  
Suite 200  
Jacksonville, FL  
32202 USA

4. FEI Number 59-3565107

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TOOMEY, RICHARD J  
512 WASHINGTON STREET  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name William G. Evans  
Street Address (P.O. Box Number is Not Acceptable)  
One Independent Drive  
Suite 200  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

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-05/25/01--01017--015

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME LINKS AT PABLO BEACH, L.L.C.  
STREET ADDRESS 512 WASHINGTON STREET  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE MGR  
NAME PAMI PABLE BEACH, INC.  
STREET ADDRESS 3 WORLD FINANCIAL CENTER, 12TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10285 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES \*\*\*\*\*50.00

TITLE MGR  
NAME Links at Pablo Beach, L.L.C.  
STREET ADDRESS One Independent Drive, Suite 200  
CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

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

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

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)

0031689 SP