

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2002 90130 040 ****50.00

DOCUMENT # L99000001042

1. Entity Name

PABLO BEACH PROPERTIES, L.L.C.

Principal Place of Business

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

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

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

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]

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **LINKS AT PABLO BEACH, L.L.C.**
 STREET ADDRESS **ONE INDEPENDENT DRIVE, SUITE 200/114**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Links at Pablo Beach, L.L.C.**
 STREET ADDRESS **One Independent Dr., Ste 114**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **PAMI Pablo Beach, Inc.**
 STREET ADDRESS **1285 Avenue of Americas, 13th FL**
 CITY-ST-ZIP **New York, NY 10019**

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

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

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]

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

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

Date

Daytime Phone #

CP2E083 (9/01)