2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001276 1. Entity Name FIRST COAST INVESTMENT REALTY, L.L.C.						FILED			
District Plans of District						01 MAR 15 AM 2:37			
Principal Place of Business Mailing Address					!	1			
	ASS VILLAGE DRIVE NA BEACH FL 32082	2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082			į	SECRETARY OF STATE TALEAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State			4. FEI	S9-3560656		oplied For ot Applicable	
Zip	Country	Zip	Zip Count		5. Certi	ficate of Status Desired	\$5.00 Add	litional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
					Name				
BENNER, TIMOTHY 2111 SAWGRASS VILLAGE DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
PONTE VEDRA FL 32082									
		-		City		F	Zip Code	е	
8. The above	name entity submits this statement for	the purpose of changing its	ed office or						
8. The above name and entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.									
SIGNATURE Manual									
	Signature, types of printing flags to strong action at agent a	are me mappineasis.	c. nogistore	- Agent signer	CIO POCICIO WINCITTO INSIGN	27.13	·		
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9. MANAGING MEMBERS/MEMBERS 10.					 	ADDITIONS/CHANG	ES .		
TITLE	MGRM Delete TI						Change	Addition	
NAME	KIRSCHMAN, ARTHUR	_	NAME] :	
STREET ADDRESS CITY-ST-ZIP	ETT OF THE TOP BILLY			et address ·ST-Zip					
TITLE	Menber	Delete	TITLE		member		☐ Change	Addition	
NAME	Tim Berner	23 00,00	NAME		Tim BEN	NEW		X	
STREET ADDRESS	VIII SECONOSIONAL MAINTENANT MAIN			ET ADDRESS 2111 SAWQKASS VILLAGE ON ST-ZIP PONTE VEGLA FL 3208-					
CITY-ST-ZIP	Tourte Vedra, FC 320x2			·ST-ZIP	PODTE VO	dea FL 3208-		T A Law	
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NAME STREET ADDRESS	·		NAME STREE	: Et address		*******JU. UL) 4444-114-4	,0.00	
CITY-ST-ZIP				-ST-ZIP					
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NAME		•	NAME			•			
STREET ADDRESS CITY-ST-ZIP	•			ET ADDRESS ·ST-ZIP					
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CITY-ST-ZIP	partify that the information cumular with	this filling does not qualify for			ted in Section 110	07/3)(i) Florida Statutos I further o	entify that the in	oformation	
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 is required by Chapter 608, Florida Statutes.									
SIGNATURE: 3-13-0/ 904 273-1111									
SIGNATURE: Date Dayling Manager, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #									