

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002129

1. Entity Name

CG OF JACKSONVILLE, LLC

Principal Place of Business

475 STEAMBOAT RD.
GREENWICH CT 06830

Mailing Address

475 STEAMBOAT RD.
GREENWICH CT 06830

2. Principal Place of Business

15 VALLEY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SAF

Suite, Apt. #, etc.

#300

City & State

GREENWICH CT

City & State

Zip

06831

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1542043

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAX CO.

C/O MCGUIRE WOODS BATTLE & BOOTHE, LLP
50 NORTH LAURA STREET, 3300 BARNETT CENTER
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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

Carol K. Dolor

Carol K. Dolor, Asst. V.P.

5/31/2001

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME KARLTON, JOHN S
STREET ADDRESS 75 HOLLY HILL LANE, SUITE 300
CITY-ST-ZIP GREENWICH CT 06830

TITLE MGR ☐ Delete
NAME J.S. KARLTON COMPANY OF FLORIDA, INC.
STREET ADDRESS 75 HOLLY HILL LANE, SUITE 300
CITY-ST-ZIP GREENWICH CT 06830

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 15 VALLEY DRIVE
CITY-ST-ZIP 06831

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15 VALLEY DRIVE
CITY-ST-ZIP 06831

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

TITLE ☐ Change ☐ Addition
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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:

John G. Skeen John G. Skeen

5/22/01

203-629-5333

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

Date

Daytime Phone #