## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** L99000002424 1. Entity Name 00 APR 30 AM 9: 23 ST. JOHNS RETAIL DEVELOPMENT, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5076 SUNSET COURT 5076 SUNSET COURT WINDEMERE FL 34786 WINDEMERE FL 34786-8404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOTOLAW, INC. Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAURA ST., SUITE 2750 JACKSONVILLE FL 32202 Zip Code City FL 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 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. 10. MGRM ■ Addition TITLE ☐ Delate TITLE Change 700003234347 ST. JOHNS RETAIL MANAGEMENT, INC. NAME MAME 05/02/00--01015 STHEET ADDRESS **5076 SUNSET COURT** STREET ADDRESS <u>\*\*\*\*100,00</u> CITY-ST-ZIP WINDEMERE FL 34786 CITY-ST-ZIP ☐ Delete TITLE TITLE MAME MAMF STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY- 2T- 718 Addition Change TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 71P CITY- 21- 718 Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY-8T-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 \(\frac{1}{2}\) 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/3/00

APPROVED

(407)650-0593

Daytime Phone #