

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0023327 AF

01 MAY -2 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002424

1. Entity Name

ST. JOHNS RETAIL DEVELOPMENT, L.L.C.

Principal Place of Business

5076 SUNSET COURT  
WINDEMERE FL 34786

Mailing Address

5076 SUNSET COURT  
WINDEMERE FL 34786

2. Principal Place of Business

One Independent Dr.

Suite, Apt. #, etc.  
Suite 200

City & State  
Jacksonville, FL

Zip Country  
32202 USA

3. Mailing Address

One Independent Dr.

Suite, Apt. #, etc.  
Suite 200

City & State  
Jacksonville, FL

Zip Country  
32202 USA

4. FEI Number 59-3572664

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MOTOLAW, INC.

50 NORTH LAURA ST., SUITE 2750  
JACKSONVILLE FL 32202

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.)

(NOT: Registered Agent signature required when reinstating)

DATE

4/30/01

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

300004302253-6  
-05/23/01--01060--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
ST. JOHNS RETAIL MANAGEMENT, INC.  
STREET ADDRESS 5076 SUNSET COURT  
CITY-ST-ZIP WINDEMERE FL 34786 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
ST. Johns Retail Management, Inc.  
STREET ADDRESS One Independent Dr. Suite 200  
CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE NAME Member  
Landmar Group, LLC.  
STREET ADDRESS 10161 Centurion Pkwy N. Ste 190  
CITY-ST-ZIP Jacksonville, FL 32256 ☐ Change ☒ Addition

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)

4/30/01 (904) 356-1978

Date Daytime Phone #

CR2E083 (11/00)