

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2002 90130 038 ****50.00

DOCUMENT # L99000002424

1. Entity Name

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

Principal Place of Business

**ONE INDEPENDENT DR., STE. 200
 JACKSONVILLE FL 32202**

Mailing Address

**ONE INDEPENDENT DR., STE. 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

59-3572664

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 DR., STE. 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

William G. Evans

William G. Evans, Member

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
MGRM
 NAME
ST. JOHNS RETAIL MANAGEMENT, INC.
 STREET ADDRESS
ONE INDEPENDENT DR., STE. 200
 CITY-ST-ZIP
JACKSONVILLE FL 32202

☐ Delete

TITLE
MEM
 NAME
LANDMAR GROUP, L.L.C.
 STREET ADDRESS
10161 CENTURION PKWY. N., STE. 190
 CITY-ST-ZIP
JACKSONVILLE FL 32256

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
MGRM
 NAME
St. Johns Retail Management, Inc.
 STREET ADDRESS
One Independent Dr., Suite 114
 CITY-ST-ZIP
Jacksonville, FL 32202

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

William G. Evans

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 #

CR2E083 (9/01)