

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000002621

1. Entity Name
ARBORETUM INVESTMENTS, L.L.C.

00 APR -3 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3667 RUSTIC LANE
JACKSONVILLE FL 32217

Mailing Address
3667 RUSTIC LANE
JACKSONVILLE FL 32217-4674

2. Principal Place of Business
4241 Baymeadows Rd.

3. Mailing Address
4241 Baymeadows Rd.

Suite, Apt. #, etc.
Ste. 17

Suite, Apt. #, etc.
Ste. 17

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3189757

Applied For
Not Applicable

Zip
32217

Country
USA

Zip
32217

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KESSLER, PETER A
3667 RUSTIC LANE
JACKSONVILLE FL 32217

Name

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

City

FL

Zip Code

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
KESSLER, PETER A
3667 RUSTIC LANE
JACKSONVILLE FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100003218051--4
-04/21/00--01014--011
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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TITLE
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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:

SIGNATURE REQUIRED

January 07, 2000 904-733-3885

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

Date

Daytime Phone #

CR2E083 (9/99)