2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002625

1. Entity Name

5143 LONGLEAF, L.L.C.

Principal Place of Business	Mailing Address
300 EAST STATE STREET	300 EAST STATE STREET
JACKSONVILLE FL 32202	JACKSONVILLE FL 32202-2789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3583632   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEY, THERESA MARIE ESQ.

FORD, JETER, BOWLUS & DUSS, P.A.

10110 SAN JOSE BOULEVARD

JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

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 MGRM	☐ Delete	**TITLE**
NAME EASTON, SAMUEL M JR.		**NAME**
STREET ADDRESS 300 EAST STATE STREET		**STREET ADDRESS**
CITY-ST-ZIP JACKSONVILLE FL 32202		**CITY-ST-ZIP**

☐ Change ☐ Addition

nf 3/14/00

TITLE	☐ Delete	**TITLE**
NAME		**NAME**
STREET ADDRESS		**STREET ADDRESS**
CITY-ST-ZIP		**CITY-ST-ZIP**

☐ Change ☐ Addition

TITLE	☐ Delete	**TITLE**
NAME		**NAME**
STREET ADDRESS		**STREET ADDRESS**
CITY-ST-ZIP		**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE	☐ Delete	**TITLE**
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STREET ADDRESS		**STREET ADDRESS**
CITY-ST-ZIP		**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   2/5/00   904-356-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #