

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 12 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000003277**

1. Entity Name  
~~CORO INVESTMENTS USA, LLC~~      **NEW NAME:**  
**AMNED PROPERTIES, LLC**

Principal Place of Business      Mailing Address

6900 SOUTHPOINT DRIVE NORTH, SUITE 250      6900 SOUTHPOINT DRIVE NORTH, SUITE 250  
JACKSONVILLE FL 32216      JACKSONVILLE FL 32216-0936



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

*No Amend.  
Filed 1/11/00  
- GWT*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SANKERS, GUS**  
6900 SOUTHPOINT DRIVE NORTH, SUITE 250  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

FEI Number      Applied For

**59-3581109**      Not Applicable

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

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

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | MGR                                 | <input type="checkbox"/> Delete |
| NAME           | FRANSEN, VICTOR                     |                                 |
| STREET ADDRESS | 8221 OLD COURTHOUSE ROAD, SUITE 204 |                                 |
| CITY-ST-ZIP    | VIENNA VA 22182                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |

10. ADDITIONS / CHANGES

|                |                          |   |
|----------------|--------------------------|---|
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 400003297844--3          |   |
| STREET ADDRESS | -06/20/00--01083--001    |   |
| CITY-ST-ZIP    | ****50.00      ****50.00 |   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |   |
| STREET ADDRESS |                          |   |
| CITY-ST-ZIP    |                          |   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |   |
| STREET ADDRESS |                          |   |
| CITY-ST-ZIP    |                          |   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |   |
| 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: *VICTOR R. FRANSEN*      *VICTOR R. FRANSEN*      Date: 6/12/00      Daytime Phone #: (703) 506-1006