

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004333

1. Entity Name
ROCK CREEK CONSULTANTS, L.L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 16 PM 12:24

Principal Place of Business
1200 RIVERPLACE BOULEVARD, SUITE 902
JACKSONVILLE FL 32207

Mailing Address
1200 RIVERPLACE BOULEVARD, SUITE 902
JACKSONVILLE FL 32207-1806



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
59-3589269

Applied For
Not Applicable

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131-3209

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 _____ (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 MGR
STREET ADDRESS ROCK CREEK CAPITAL GROUP, INC.
CITY - ST - ZIP 1200 RIVERPLACE BOULEVARD, SUITE 902
JACKSONVILLE FL 32207

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *mf 2/24/00*
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003148312-4
CITY - ST - ZIP -02/25/00-01100-002
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

TITLE NAME ☐ Delete
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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 REQUIRED

Arthur L. Cahoon 2/15/00 (904) 393-9020

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

Date

Daytime Phone #

CR2E083 (9/99)