

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # **L99000004458**

1. Entity Name
PARTNERS MANAGEMENT SERVICES, L.L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE FL 32202-5009**

Mailing Address
**1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE FL 32202-5009**



2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3611357		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

MNM

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOONE, DAVID S 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009				7. Name and Address of New Registered Agent Name Shields, David R. Street Address (P.O. Box Number is Not Acceptable) 1 Independent Drive Suite 1600 City Jacksonville FL Zip Code 32202			
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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 **David R. Shields** **April 4, 2000**
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 SOUTHCOAST CAPITAL CORPORATION 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **David R. Shields, Vice-Pres** **4/4/00** **(904) 634-8808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)