

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004666
AF

DOCUMENT # L99000004482

1. Entity Name
TREMOR JACKSONVILLE, L.C.

00 APR 17 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11321 N.W. 138TH STREET
MIAMI FL 33178

Mailing Address

11321 N.W. 138TH STREET
MIAMI FL 33178-3101



2. Principal Place of Business

3. Mailing Address

2911 St Clair St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

Country

Zip

Country

32254

USA

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3598951

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

PACITTI, EDILIO

11321 N.W. 138TH STREET
MIAMI FL 33178

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

4/12/00

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 PACITTI, EDILIO 11321 N.W. 138TH STREET MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARON, MICHEL 11321 N.W. 138TH STREET MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	600003229626-5 -04/28/00-01103-009 *****95.00 *****95.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/12/00

305-825-9000

CR2E083 (9/99)