2000 UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT # L9900	0004789			_		•
1. Entity Name CFO BUSINESS PARTNERS, L.L.C.					FILED		
CFO BOS	NEGO PARTILLIO, E.E.O.			l	00 FEB -:	3 PM 4: 14	
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
			1300 RIVERPLACE BLVD SUITE 300 JACKSONVILLE FL 32207-9018		IMELANASSEE, FLORIDA		
					i 1860/04/1 200 (1870) 1870/1 23/10 26/1		(1 11 1 151) (111)
Principal Place of Business 3. Mailing Address					- I TARKON AKA ARIA KONI ARIN ARIN ARIN ARIN ARIN ARIN ARAN ARA		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State City & State					4. FEI Number Applied For		
		Zip	·		59-3588174	Ø5.00 Ad-	t Applicable
Zip 	Country		Country		5. Certificate of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent Name				me	7. Name and Address of New Ro	gistered Agent	
NOLES, JERRY G				Street Address (P.O. Box Number is Not Acceptable)			
1300 RIVERPLACE BLVD., SUITE 300 JACKSONVILLE FL 32207							
			City	/		FL Zip Code	e
8. The above	named entity submits this statement f	or the purpose of changing its	registered offic	ce or register	ed agent, or both, in the State of Flor	ida.	
SIGNATURE .		and the second	E. Registered Agent	nimus so sociéred	unhan (ningtaken)	DATE	
	Signature, typed or printed name of registered agen	-			•		
		Make Check Pa	OW!!!-EEE. ayable to Dep		State		
9. TITLE	MANAGING MEMI	BERS/MEMBERS Details	10.		ADDITIONS/	CHANGES Change	
NAME STREET ADDRESS CITY-ST-ZIP	MGR NOLES, JERRY G 1300 RIVERPLACE BLVD., SUITI JACKSONVILLE FL 32207		NAME STREET ADDI CITY-ST-ZIP	\ \			
TITLE NAME STREET ADDRESS		☐ Detate	TITLE HAME STREET ADDR			Change	☐ Addition
CITY-87-ZIP		Delete	CITY- 87-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDI CITY-ST-ZIP	1	7000031 -02/07/0 ******55	25177- 300101501	-3 17
TITLE		☐ Detate	TITLE		*****	.00 ***********************************	- Oddition
MAME STREET ADDRESS			NAME STREET ADDI	i i			
CITY- \$T-ZIP		Delete	CITY- 8T- ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDI GITY-81-ZIP	· \			
TITLE		☐ Del icte	YITLE			[Change	Addition
STREET ADDRESS			NAME STREET ADDI CITY-31-21F	•			
	certify that the information supplied will on this report is true and accurate an ibility company or the receiver or trust	d that my cianature chall have	the came lena	н апастав и и	iade under oain: Mai i am a manac	further certify that the in ing member or manage	nformation er of the