2001	UNIFORM	BUSINESS	REPORT ((UBR)
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1. Entity Nan	MENT # L990(ne AWLAND ROAD, L.L.C.	00006061	FILED				
			01 FEB -5 AM 8: 42				
Principal Plac	ce of Business	Mailing Address		, · · · · · · · · · · · · · · · · · · ·			
300 EAST ST JACKSONVIL	rate street Le FL 32202	300 EAST STATE STREET JACKSONVILLE FL 32202		SEGRETARY OF STATE TALLAHASSEE, FLORIDA			
	·						
2. Principal Place of Business		3. Mailing Address		T FEBRURIS DEU SANKE KENIK BERKU BORKU BORKU BORKU DENNA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-3596120 Applied For Not Applicable			
Zip	Country	Zìp	Country	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			
KENNY 1	THERESA M		Name				
10110 SA	IN JOSE BLVD		ss (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32257			City	□ 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 of depicted when reinstating) DATE							
FILE NOW!!! FEE/S \$50.00							
			vable to Department				
9.	MANAGING MEMB	ERS/MEMBERS	10.	ADDITIONS/CHANGES			
TITLE NAME	MGRM EASTON JR, SAMUEL M	☐ Delete	TITLE	0000036627305			
STREET ADDRESS	300 EAST STATE STREET		STREET ADDRESS	-02/09/0101010009 🙀			
CITY-ST-ZIP TITLE	JACKSONVILLE FL	☐ Delete	CITY-ST-ZIP TITLE	******50.00 ******50.00 ©			
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition			
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TITLE NAME		☐ Delete	TITLE NAME	Change Addition			
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP	/(1			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition			
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	·			
TITLE S		☐ Delete	TITLE NAME	☐ Change ☐ Addition			
STREET AL TRESS			STREET ADDRESS				
11 I hereby or	ertify that the information availage with	this filling does not available.	CITY-ST-ZIP	Continue 140 07/2V/N Elegido Chabatas I faultas aparte de la			
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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Design Design Phone #							