

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006719**

1. Entity Name
6400 ATLANTIC BLVD. L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 8:44

Principal Place of Business
**2307 SE MONTEREY ROAD
STUART FL**

Mailing Address
**P.O. BOX 2421
STUART FL 34995-2421**



2. Principal Place of Business
85150 Monterey Commons Blvd.

3. Mailing Address
85150 Monterey Commons Blvd.

DO NOT WRITE IN THIS SPACE

City & State
STUART, FL

City & State
STUART, FL

4. FEI Number
65-0957308

Applied For
 Not Applicable

Zip
34996

Country
MARTIN

Zip
34996

Country
MARTIN

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SOPKO, JAMES
2307 SE MONTEREY ROAD
STUART FL 34996**

7. Name and Address of New Registered Agent

Name: **SOPKO, JAMES**
Street Address (P.O. Box Number is Not Acceptable): **853 SE MONTEREY COMMONS BLVD.**
City: **STUART** FL Zip Code: **34996**

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 *James Sopko*
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

mf 3/2/00

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GRANITE POINT PARTNERS, INC.
2307 SE MONTEREY ROAD
STUART FL** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Granite Point Partners, Inc.
851 SE MONTEREY COMMONS BLVD.
STUART, FL 34996** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003161988--? -03/08/00--01010--017 ***55.00 *****55.00** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change 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: *James Sopko* **REQUIRE** *President of Managing Member* 2/11/00 (561) 285-0048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)