

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006956

1. Entity Name

CHANCELLORY BUSINESS PARK, LLC

Principal Place of Business

1801 HERMITAGE BOULEVARD, SUITE 600
TALLAHASSEE FL 32308

Mailing Address

1801 HERMITAGE BOULEVARD, SUITE 600
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TODD, DAVID E
1801 HERMITAGE BOULEVARD, SUITE 100
TALLAHASSEE FL 32308

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BOULEVARD, SUITE 600 TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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.

STATE BOARD OF ADMINISTRATION

SIGNATURE:

SIGNATURE Douglas W. Bennett, CIO, Real Estate

850/488-4406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90609 026 ****50.00

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DO NOT WRITE IN THIS SPACE

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