2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007777

1. Entity Name
4655 LENOX AVE., L.L.C.

FILED

01 FEB 27 PM 8 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3601 OCEAN DRIVE. S.	3601 OCEAN DRIVE. S.
JACKSONVILLE FL 32250	JACKSONVILLE FL 32250

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 59-3610187 ☐ Applied For / ☐ Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: _RICHARD M. HAMILTON_
Street Address (P.O. Box Number is Not Acceptable): _3601 OCEAN DRIVE, S._
City: _JACKSONVILLE BEACH_ _FL_ Zip Code: _32250_

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 _____ _Richard M Hamilton_ _____ 2/23/01

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

```
500003802005---8
-03/06/01--01050---009
*****50.00  *****50.00
```

9. MANAGING MEMBERS / MEMBERS — **10. ADDITIONS / CHANGES**

TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAMILTON, RICHARD M		NAME		
STREET ADDRESS	3601 OCEAN DRIVE, S.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32250		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _Richard M Hamilton_   2/23/01   (904) 246-5737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)