

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008126

1. Entity Name

STANLEY VANDROFF ASSOCIATES, L.L.C.

Principal Place of Business

4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

Mailing Address

4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

P.O. Box 551260

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip 32255

Country

City & State

Jacksonville, FL

Zip

32250

Country

4. FEJ Number

777 20 5138

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VANDROFF, STANLEY

4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Lewis Ansbacher

Street Address (P.O. Box Number is Not Acceptable)

5150 Belfort Road

Building 100

City

Jacksonville

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM VANDROFF, STANLEY
STREET ADDRESS 4215 SOUTHPOINT BLVD., SUITE 100
CITY- ST- ZIP JACKSONVILLE FL 32216

TITLE NAME
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10. ADDITIONS/CHANGES

TITLE NAME MGRM Vandroff, Stanley
STREET ADDRESS 5150 Belfort Road #200
CITY- ST- ZIP Jacksonville, FL 32250

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TITLE NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

APPROVED
FILED

00 MAR 20 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)