2000 UNIFORM BUSINESS REPORT (UBR)

X01576 SP

DOCUMENT # L99000008127

1. Entity Name
ARNOLD FRIEDMAN ASSOCIATES, L.L.C.

APPROVED AND FILED
00 MAR 20 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
mj 3/30

Principal Place of Business	Mailing Address
4215 SOUTPOINT BLVD.. SUITE 100 JACKSONVILLE FL 32216	4215 SOUTPOINT BLVD.. SUITE 100 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

	2. Principal Place of Business	3. Mailing Address
Address	P.O. Box 551260	P.O. Box 551260
Suite, Apt. #, etc.		
City & State	Jacksonville, FL	Jacksonville, FL
Zip	32255	32255
Country		

4. FEI Number 104-18-0868 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
4215 SOUTPOINT 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 32256

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] DATE 3/15/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FRIEDMAN, ARNOLD 4215 SOUTPOINT BLVD., SUITE 100 JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Friedman, Arnold 4628 Tall Pines Dr. N.W. Atlanta, GA 30327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003195413--1 -04/04/00--01077--012 *****50.00 *****50.00	☐ Change ☐ Addition
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CR2E083 (9/99)

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 REQUIRED [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | Date | Daytime Phone #