2000 UNIFORM BUSINESS REPORT (UBR)

X01756 SP

DOCUMENT # L99000008127

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

APPROVED FILED
00 MAR 20 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mj 3/30

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
P.O. Box 551260	P.O. Box 551260
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32255 / Country	Zip: 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	7. Name and Address of New Registered Agent
ANSBACHER, LEWIS 4215 SOUTPOINT BLVD., SUITE 100 JACKSONVILLE FL 32216	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 _____ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)