2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008127 \$ 1. Entity Name ARNOLD FRIEDMAN ASSOCIATES, L.L.C.						FILED			
						01 MAR 15 PM 4: 26			
Principal Place of Business Mailing Addre P.O. BOX 551260 P.O. BOX 551 JACKSONVILLE FL 32255 JACKSONVILL						SECRETARY OF STATELLAHASCHE, FLOR	TE IDA		
								#	
Principal Place of Business 3. Mailing Address					١,			i ((8)) (88) (88)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\dashv	DO NOT WRITE IN THIS SPACE			
City & Stat	е	City & State			4. FEII	4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Cour	ntry	5 , _Ce <u>rt</u>	ficate of Status Desired.	\$5.00 Ad	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ANSBACHER, LEWIS 5150 BELFORT ROAD, BUILDING 100				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32256				City			Zin Cod		
				<u></u>	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 v						ng) DA	VE.		
				FEE IS \$50.00					
		Make Check Pa	-						
9. MANAGING MEMBERS 10.				 _		ADDITIONS/CHAN	GFS		
TITLE	MGRM	☐ Delete	TITU	E			☐ Change	Addition 8	
NAME STREET ADDRESS CITY-ST-ZIP	FRIEDMAN, ARNOLD 4215 SOUTPOINT BLVD., SUITE JACKSONVILLE FL 32216	100		ME EET ADDRESS 7-ST-ZIP	1			12,000	
TITLE NAME STREET ADDRESS		☐ Delete	TITL	_			☐ Change	☐ Addition &	
CITY-ST-ZIP	للمردد يبلد التي الرحم البرعمومي الأا المائتين	الله المناسب والمناسب المناسب		r-st-zip =	<u> </u>				
TITLE NAME STREET ADDRESS		☐ Delete	TITLI NAM STRE			900003910 -03/26/01- *****50.0	∙01143=-07	25 -	
CITY-ST-ZIP			I	'-ST-ZIP	 				
NAME STREET ADDRESS		☐ Delete	TITLI NAM STRE	1			☐ Change	Addition	
CITY-ST-ZIP			CITY	-ST-ZIP		<u> </u>			
NAME STREET ADDRESS	.(.	, Delete	TITLI NAM STRE	ł			☐ Change	Addition	
CITY-ST-ZIP				-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1,19.07(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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED ESPRESENTATIVE.									