

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008128**


1. Entity Name
HOWARD 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**

APR 11 2000
 FILED
 00 MAR 20 AM 10:30
 SECRETARY OF STATE
 TALLAHASSEE, FL


DO NOT WRITE IN THIS SPACE

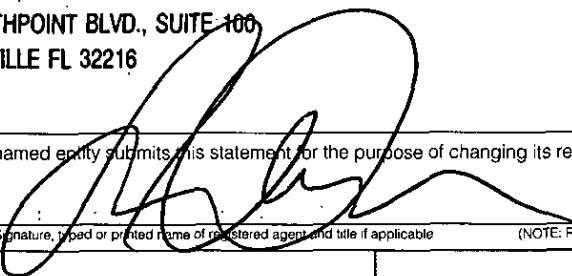
4. FEL Number: **052 26 8239**
 Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ANSBACHER, LEWIS
4215 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: **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**

(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VANDROFF, HOWARD 4215 SOUTHPOINT BLVD., SUITE 100 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Vandrorff, Howard 703 Spinnakers Reach DR. Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	200003195422-3 -04/04/00--01077--017 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)