

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008462

1. Entity Name
EIRE JACKSONVILLE FLORIDA L.L.C.

FILED

01 FEB 19 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1801 NE 4TH STREET, SUITE 200 BOYTON BEACH FL 33435	Mailing Address 1801 NE 4TH STREET, SUITE 200 BOYTON BEACH FL 33435
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2. Principal Place of Business 2840 NW Boca Raton Blvd Suite, Apt. #, etc. Suite 101 City & State Boca Raton, FL Zip 33431 Country USA	3. Mailing Address 2840 NW Boca Raton Blvd Suite, Apt. #, etc. Suite 101 City & State Boca Raton, FL Zip 33431 Country USA
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4. FEI Number APPLIED FOR 65-098 7827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
S+O
SPILLANE, MARK
1801 NE 4TH STREET, SUITE 200
BOYTON BEACH FL 33435
2840 NW Boca Raton Blvd
Boca Raton, FL 33431

7. Name and Address of New Registered Agent
Name
Spillane & Company, Inc
Street Address (P.O. Box Number is Not Acceptable)
2840 NW Boca Raton Blvd
Suite 101
City
Boca Raton
FL
Zip Code
33431

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
Spillane & Company, Inc. by Mark D. Spillane
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when changing agent)
DATE
1/30/01

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPILLANE, MARK 1801 NE 4TH STREET, SUITE 200 BOYTON BEACH FL 33435 Boca Raton, FL 33431 <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EIRE SPILLANE SPE INC 2840 NW BOCA RATON BLVD BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003746044 -02/21/01-01103-023 *****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

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.
Eire Spillane
SPE, Inc. by Mark D. Spillane
SIGNATURE: Mark D. Spillane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date
1/16/01
Daytime Phone #
561-742-1221

CR2E083 (11/00)