

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

L99000008718

DOCUMENT #

1. Entity Name

FIFTH AVENUE ACCORD PROPERTIES, L.L.C.

00 MAY -4 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1688 W. Hibiscus Blvd. Melbourne, FL 32901**
Mailing Address: **1688 W. Hibiscus Blvd. Melbourne, FL 32901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3613071

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**William I. Turknett, Jr.
1688 W. Hibiscus Blvd.
Melbourne, FL 32901**

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
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 when reinstating)

DATE


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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS	10. ADDITIONS/CHANGES
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M NAME STREET ADDRESS CITY-ST-ZIP William I. Turknett, Jr. MGR 1688 W. Hibiscus Blvd. Melbourne, FL 32901
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M NAME STREET ADDRESS CITY-ST-ZIP Daniel A. Evans 1688 W. Hibiscus Blvd. Melbourne, FL 32901
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M NAME STREET ADDRESS CITY-ST-ZIP Cecile Evans Rider 1121 Morvenwood Jacksonville, FL 32207
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 200003279492-5 -06/07/00--01017--013 *****50.00 *****50.00
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <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:  **William I. Turknett, Jr.** 4-6-00 321-727-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)