## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90040 027 \*\*\*\*50.00

1. Entity Nar	IMENT # M00000000 AS FAMILY L.L.C.	<b>095</b>			04-16-200	3 90040 027	*30.00
Principal Place of Business 6700 EPPING FOREST WAY N VILLA 101 IACKSONVILLE, FL 32217		Mailing Address 6730 EPPING FOREST WAY N VILLA 101 JACKSONVILLE, FL 32217					
2. Principal	Place of Business	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3614572	<del></del>	Applied For lot Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired	□ \$5.00 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent		Nome	7. Name and Address of New R	egistered Agent	
BLACKBURN, DENNIS L 6620 SOUTHPOINT DR. SOUTH, STE. 200				Name Street Address	(P.O. Box Number is Not Acceptable	<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>	
1	INT BUILDING VILLE, FL 32216		•			· · · · · · · · · · · · · · · · · · ·	-
}	·			City		FL Zip Co	de
	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registere	d office or registe	rred agent, or both, in the State of Fig	orida. I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable, (NO	TE: Fleutiered	Açent signature require	si when reinstating)	DATE	
	MANAGING MENTE	Make Check Payar Du	ble to Flo ie By May		Control Contro	01111050	
9. 1/1£	MANAGING MEMBE	: MS/ MANAGERS  Delete	10. TITLE		ADDITIONS	CHANGES Change	Addition 8
NAME STREET ADORESS	DOUGLAS, T. O'NEAL 6730 EPPING FOREST WAY N N	<del>-</del>	NAME	ADDRESS		□ Clearige	Addition S
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY -S	l .			١
TITLE NAME STREET ADDRESS	MGRM DOUGLAS, ALICE B 6730 EPPING FOREST WAY N	☐ Delete	title Name Street	ADDRESS		☐ Change	Addition
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-S	II-ZIP			
NAME	الها الله الله الله الله الله الله	ے Delete 🔲 Delete برجہ تا ہے ہیں۔۔۔	TITLÉ = NAMÉ=	ال المساودة الماد المساودة الماد المساودة الماد		Change	Addition
STREET ADDRESS CITY-ST-2IP			STREET CITY-S	ADDRESS T-ZIP			
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS				ADDRESS	2		
CITY-ST-ZIP	-	П 5.1.	CITY-S	1-4P			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-Zip		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1		☐ Change	☐ Addition
11. Thereby	certify that the information supplied with	this filing does not qualify for	r the exem	ption stated in Se	otion 119.07(3)(i), Florida Statutes, I	further certify that the i	nformation er of the

1. I hereby certify that the information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 limited limited properties.

GNATURE SIGNATURE AND DIFFE OF DISTRICT OF SIGNING MANAGING MEDIS, MANAGER OR AUTHORIZED REPRESENTAL

11/8 3 904-7.52/8 2