2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001161

1. Entity Name

Florida Office Owners LLC

FILED
01 MAY -2 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
c/o Assoc Cap Ptnrs, Inc 201 E. Pine St, Ste 475 Orlando, FL 32801	c/o Assoc Cap Ptnrs, Inc 201 E. Pine St, Ste 475 Orlando, FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One Independent Dr.	One Independent Dr.
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32202 Country: USA	Zip: 32202 Country: USA

4. FEI Number: 59-3648308 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

National Corporate Research, Ltd.
1406 Hays St., Suite 2
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name: William G. Evans
Street Address (P.O. Box Number is Not Acceptable): One Independent Drive Suite 200
City: Jacksonville FL Zip Code: 32202

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: William G. Evans
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 4/30/01

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

500004303365--8
-05/24/01--01010--020
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LB Jacksonville, LLC 3 World Financial Center, 12th Fl New York, NY 10285	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MGR Capital Partners-JAX LLC One Independent Dr., Ste 200 Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (11/00)

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 G. Evans 4/30/01 (904) 356-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #