

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M000000001161
1. Entity Name
 Florida Office Owners LLC

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

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

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

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

3. Mailing Address
 One Independent Dr
 Suite, Apt. #, etc.
 Suite 200
 City & State
 Jacksonville, FL
 Zip
 32202
 Country
 USA

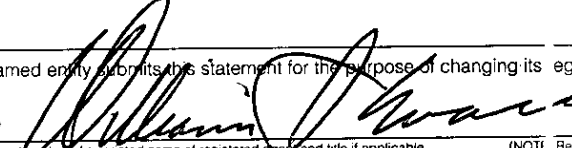
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 National Corporate Research, Ltd.
 1406 Hays St., Suite 2
 Tallahassee, FL 32301

4. FEI Number /
 59-3648308
Applied For
 Not Applicable

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

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  **DATE** 4/30/01
(Signature typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating)

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

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

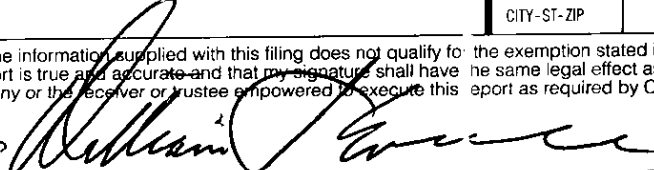
9. MANAGING MEMBERS / MEMBERS

TITLE	MGR	☐ Delete
NAME	LB Jacksonville LLC	
STREET ADDRESS	3 World Financial Center, 12th Fl	
CITY - ST - ZIP	New York, NY 10285	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	MGR	☐ Change ☒ Addition
NAME	Capital Partners - JAX LLC	
STREET ADDRESS	One Independent Dr, Ste 200	
CITY - ST - ZIP	Jacksonville, FL 32202	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:  **DATE** 4/30/01 **DAYTIME PHONE #** (904) 356-1978
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)

CR2E083 (1/100)