

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90130 037 \*\*\*\*50.00

DOCUMENT # **M00000001161**

1. Entity Name

**Florida Office Owners LLC**

**DO NOT WRITE IN THIS SPACE**

**961491**

2. Principal Place of Business

**One Independent Dr.**

Suite, Apt. #, etc.

**Suite 114**

City & State

**Jacksonville, FL**

Zip

**32202**

Country

**USA**

3. Mailing Address

**One Independent Dr.**

Suite, Apt. #, etc.

**Suite 114**

City & State

**Jacksonville, FL**

Zip

**32202**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3648308**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**William G. Evans**

Street Address (P.O. Box Number is Not Acceptable)

**One Independent Drive**

**Suite 114**

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

*[Signature]*

**William G. Evans, Member 4/30/02**

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LB Jacksonville LLC  
1285 Avenue of Americas, 13th Fl  
New York, NY 10019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Capital Partners-JAX LLC  
One Independent Dr., Ste 114  
Jacksonville, FL 32202**

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**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*[Signature]*

**William G. Evans, Member 4/30/02 (904)356-1978**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #