

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90180 040 \*\*\*\*\*50.00

**DOCUMENT # M000000001161**

1. Entity Name

**FLORIDA OFFICE OWNERS LLC**



Principal Place of Business

**ONE INDEPENDENT DR. STE. 114  
JACKSONVILLE FL 32202**

Mailing Address

**ONE INDEPENDENT DR. STE. 114  
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**EVANS, WILLIAM G  
ONE INDEPENDENT DR. STE. 114  
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **LB JACKSONVILLE LLC**  
STREET ADDRESS **~~1205 AVE. OF THE AMERICAS, 13TH FLR.~~**  
CITY-ST-ZIP **~~NEW YORK NY 10019~~**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **LB Jacksonville LLC**  
STREET ADDRESS **399 Park Avenue, 8th Floor**  
CITY-ST-ZIP **New York, NY 10022**

TITLE **MGR** ☐ Delete  
NAME **CAPITAL PARTNERS - JAX LLC**  
STREET ADDRESS **ONE INDEPENDENT DR. STE. 114**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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:

*William G. Evans*  
**William G. Evans** 4/10/03 (904) 356-1978

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

Date

Daytime Phone #

CR2E083 (10/02)