

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001375

1. Entity Name

ROUSE-EAST JACKSONVILLE, LLC

Principal Place of Business

C/O THE ROUSE COMPANY  
10275 LITTLE PATUXENT PARKWAY  
COLUMBIA MD 21044

Mailing Address

C/O THE ROUSE COMPANY  
10275 LITTLE PATUXENT PARKWAY  
COLUMBIA MD 21044

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-2198575

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

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 Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR BENSON, DAVID H  
STREET ADDRESS 10275 LITTLE PATUXENT PARKWAY  
CITY-ST-ZIP COLUMBIA MD 21044 ☐ Delete

TITLE NAME MGR CASEY, JEREMIA E  
STREET ADDRESS 10275 LITTLE PATUXENT PARKWAY  
CITY-ST-ZIP COLUMBIA MD 21044 ☐ Delete

TITLE NAME MGR DAVIS, PLATT W III  
STREET ADDRESS 10275 LITTLE PATUXENT PARKWAY  
CITY-ST-ZIP COLUMBIA MD 21044 ☐ Delete

TITLE NAME MGR DEERING, ANTHONY W  
STREET ADDRESS 10275 LITTLE PATUXENT PARKWAY  
CITY-ST-ZIP COLUMBIA MD 21044 ☐ Delete

TITLE NAME MGR DESAI, ROHIT M  
STREET ADDRESS 10275 LITTLE PATUXENT PARKWAY  
CITY-ST-ZIP COLUMBIA MD 21044 ☐ Delete

TITLE NAME MGR DEVITO, MATHIAS J  
STREET ADDRESS 10275 LITTLE PATUXENT PARKWAY  
CITY-ST-ZIP COLUMBIA MD 21044 ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100004376861--2  
CITY-ST-ZIP -06/08/01--01007--019

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE NAME ☐ Change ☐ Addition  
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: Elizabeth A. Hullinger 4/16/01 410-992-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #