

FILED
May 30, 2002 8:00 am
Secretary of State

05-07-2002 90394 029 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001232

1. Entity Name

KINGSBERRY JACKSONVILLE, L.L.C.

Principal Place of Business

**555 EAST MAIN STREET, 17TH FL
NORFOLK VA 23510**

Mailing Address

**555 EAST MAIN STREET, 17TH FL
NORFOLK VA 23510**

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

54-2037408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**
**MGR
KJ MANAGAING CO., L.L.C.
555 EAST MAIN STREET, 17TH FL
NORFOLK VA**

☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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10.

ADDITIONS / CHANGES

**TITLE
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STREET ADDRESS
CITY - ST - ZIP**

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone

CR2E083 (9/01)