

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90192 027 \*\*\*\*50.00

**DOCUMENT #** **MO1000001289**

1. Entity Name

**MCW-RC FLORIDA, LLC**

Principal Place of Business

**121 W. FORSYTH STREET  
 SUITE 200  
 JACKSONVILLE FL 32202**

Mailing Address

**121 W. FORSYTH STREET  
 SUITE 200  
 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

4. FEI Number

**59-3723942** **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**F&L CORP.  
 200 LAURA STREET  
 JACKSONVILLE FL 32202**

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

10. ADDITIONS/CHANGES

TITLE  
 NAME **MGRM** ☐ Delete  
 STREET ADDRESS **MACQUARIS CONTRYWIDE-REGENCY, LLC**  
 CITY-ST-ZIP **121 W. FORSYTH STREET  
 JACKSONVILLE FL 32202**

TITLE  
 NAME **MGRM** ☒ Change ☐ Addition  
 STREET ADDRESS **MacQuarie CountryWide-Regency, LLC**  
 CITY-ST-ZIP **121 W. Forsyth Street  
 Jacksonville, FL 32202**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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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.

By **MacQuarie CountryWide-Regency, LLC** **by KATHY D. MILLER** **Agency Centers, L.P.**

**SIGNATURE:**

**KATHY D. MILLER**  
**VICE PRESIDENT**

**4/24/02 (904) 598-7000**

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

Date

Daytime Phone #

CR2E083 (9/01)