

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91434 046 ****50.00

DOCUMENT # M01000002669

1. Entity Name



BOMASADA JACKSONVILLE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10255 RICHMOND AVE

10255 Richmond Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

300

City & State

City & State

Houston, TX

Houston, TX

Zip

Country

Zip

Country

77042

77042

4. FEI Number

47-0856281

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Capital Corporate Services, Inc.

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

1333 North Duval Street

City

Tallahassee, FL

FL

Zip Code

32303

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.

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: Manager
NAME: Fred, Stuart L
STREET ADDRESS: 10255 Richmond Ave. Suite 300
CITY-ST-ZIP: Houston, TX 77042

TITLE: Manager
NAME: Gilbert, John L
STREET ADDRESS: 10255 Richmond Ave. Suite 300
CITY-ST-ZIP: Houston, TX 77042

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CR2E083B (12/02)

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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #