

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90130 035 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000001210

1. Entity Name
215 SOUTH MONROE STREET LLC



Principal Place of Business
201 EAST PINE ST., STE. 475
ORLANDO, FL 32801

Mailing Address
201 EAST PINE ST., STE. 475
ORLANDO, FL 32801

2. Principal Place of Business

One Independent Dr.
Suite, Apt. #, etc.
Suite 114

3. Mailing Address

One Independent Dr.
Suite, Apt. #, etc.
Suite 114

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32202 USA

Zip Country
32202 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0600068 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

7. Name and Address of New Registered Agent

Name William G. Evans
Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive
Suite 114
City Jacksonville, FL Zip Code 32202

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 William G. Evans, Member 4/10/03

(NOTE: Registered Agent's 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

TITLE MGR
NAME FLORIDA OFFICE OWNERS LLC
STREET ADDRESS 201 EAST PINE ST., STE. 475
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Florida Office Owners LLC
STREET ADDRESS One Independent Dr., Suite 114
CITY-ST-ZIP Jacksonville, FL 32202

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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)