

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90180 031 ****50.00

DOCUMENT # M02000002501

1. Entity Name

BOYNTON OFFICE OWNERS LLC



Principal Place of Business

% CAPITAL PARTNERS INC.
512 E. WASHINGTON STREET, SUITE 200
ORLANDO FL 32801

Mailing Address

% CAPITAL PARTNERS INC.
512 E. WASHINGTON STREET, SUITE 200
ORLANDO FL 32801

2. Principal Place of Business

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

City & State
Jacksonville FL

Zip Country
32202 USA

3. Mailing Address

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

City & State
Jacksonville FL

Zip Country
32202 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**
74-3062214

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 *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* *William G. Evans, Member 4/10/03*
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BOYNTON OFFICE INVESTORS LLC**
STREET ADDRESS **512 E. WASHINGTON STREET, SUITE 200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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)