

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M97000000544

FILED
Apr 05, 2002 8:00 AM
Secretary of State

Entity Name: CSX REALTY DEVELOPMENT, LLC

Current Principal Place of Business:

500 WATER ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

500 WATER STREET
S/C J-160
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 58-1251206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: EVANS, J R
Address: 500 WATER ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: AFTOORA, P. J
Address: 500 WATER ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: CROSBY, S. A
Address: 301 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GEIERSBACH, R E
Address: 500 WATER ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RACHEL E. GEIERSBACH

MGR

04/05/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date