## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DOCUMENT # M9700000892  1. Entity Name CIMC ATLANTIC II, L.L.C.					FILED 4/24 00 MAR 24 PM 12: 55			
Principal Place of Business Mailing Address					]			
26221 MARSH	I LANDING PARKWAY A BEACH FL 32082	26221 MARSH LANDING	221 Marsh Landing Parkway Inte Vedra Beach Fl 32082-1225		SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del></del>	DO NOT WRITE IN THIS SPACE			
City & State	9	City & State	ity & State			59-3503929	—— <del>•</del> `	plied For t Applicable
Zip	Country . Zip		Country		5. Certificate	of Status Desired	\$5.00 Add	litional
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New Registe	ered Agent	<del></del>
FAIRBANKS, RANDAL C								
217 PONTE VEDRA PARK DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
PONTE VEDRA BEACH FL 32082								
				City		<del></del> -	FL Zip Code	<del></del>
8. The above	named entity submits this statement fo	r the purpose of changing its	l registere	ed office or registe	red agent, or both		<u> </u>	
StGNATURE 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 Sta								
9. MANAGING MEMBERS/MEMBERS			10.	1		ADDITIONS/CHAN		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Brown, David L 26221 Marsh Landing Parkw Ponte Vedra Beach Fl 32082						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Detecto:				10	Change C 100003193091 -04/06/0001038006 ******50.00 ******50.0		□ <b>Addition</b> <b>-4</b> )6 1.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deltata					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate					☐ Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Delisto					☐ Change	Addition
TEZLE MAIAE STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have	the same	legal effect as if r	nade under oath;	that I am a managing me	er certify that the in ember or manage	formation r of the