

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001362

1. Entity Name
9951 ATLANTIC BOULEVARD, L.L.C.

Principal Place of Business
22 BALL STREET, 3RD FLOOR
IRVINGTON NJ 07111

Mailing Address
22 BALL STREET, 3RD FLOOR
IRVINGTON NJ 07111

2. Principal Place of Business
9951 ATLANTIC BLVD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL
Zip Country
32225

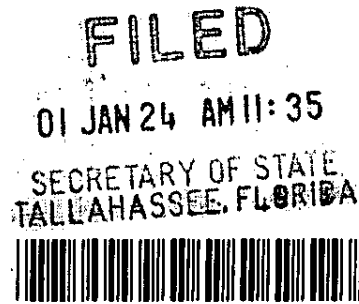
City & State
Zip Country

4. FEI Number 22-3619058

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE  DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

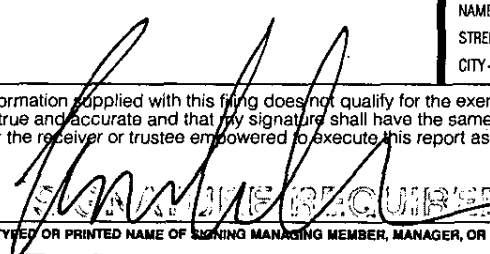
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLER, MARK 22 BALL STREET, 3RD FLOOR IRVINGTON NJ 07111	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

100003623011-0
-02/02/01-0101-018
*****50.00 *****50.00

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:  DATE Daytime Phone #

CR2E083 (11/00)