

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015385 AF

DOCUMENT # **M98000001494**

1. Entity Name
PRAGER, MCCARTHY & SEALY, LLC

00 MAY 23 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ONE MARITIME PLAZA, 10TH FLOOR, SUITE 1000 SAN FRANCISCO CA 94111	Mailing Address ONE MARITIME PLAZA, 10TH FLOOR, SUITE 1000 SAN FRANCISCO CA 94111-3404
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 94-3057440	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$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: **Douglas J. Sealy**
Street Address (P.O. Box Number is Not Acceptable):
200 South Orange Ave. Suite 1900
City: **Orlando** FL Zip Code: **32801**

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: *Douglas J. Sealy* **Douglas J. Sealy** DATE: **4/28/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM	<input type="checkbox"/> Delete
NAME PRAGER, MCCARTHY, & SEALY, INC.	
STREET ADDRESS ONE MARITIME PLAZA, 10TH FLOOR, SUITE 1000	
CITY-ST-ZIP SAN FRANCISCO CA 94111	

10. ADDITIONS/CHANGES

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

0000032825010 - Addition
-06/03/00-01053-025
*******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: *David R. Acker* **David R. Acker, CFO** Date: **3-27-2000** Daytime Phone #: **(415) 403-1900**

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

166(6) 88C 1 F.U.