

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 12 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000641

1. Entity Name

NMC PROPERTIES, LLC

LSL of Flowery Branch GA, L.L.C.

(See
attached
change)

Principal Place of Business

ATTN: GARY E. STARK

610 NEWPORT CENTER DRIVE, SUITE 1150

NEWPORT BEACH CA 92660

Mailing Address

ATTN: GARY E. STARK

610 NEWPORT CENTER DRIVE, SUITE 1150

NEWPORT BEACH CA 92660-6493

2. Principal Place of Business

2150 Goodlette Rd.

3. Mailing Address

2150 Goodlette Rd.

Suite, Apt. #, etc.

Ste. 600

Suite, Apt. #, etc.

Ste. 600

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

USA

Zip

34102

Country

USA

4. FEI Number

65-0921083

PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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

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 State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
JJS PROPERTIES, INC. ☒ Delete
STREET ADDRESS 610 NEWPORT CENTER DRIVE, SUITE 1150
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☒ Change ☐ Addition
LSL OF LARGO II, INC
STREET ADDRESS 2150 Goodlette Rd, Ste. 600
CITY-ST-ZIP NAPLES, FL 34102

TITLE NAME ☐ Change ☐ Addition
500003278695--1
STREET ADDRESS -06/06/00--01087--016
CITY-ST-ZIP *****55.00 *****55.00

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

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

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

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

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:

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

Alan D. Parrish

4/27/00

941/262-8006

Date

Daytime Phone #

CF2E083 (9/99)