

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

01 MAY -1 PM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001619 AF

DOCUMENT # M99000001036

1. Entity Name
JACKSONVILLE TOWER ASSOCIATES, LLC

Principal Place of Business
110 EAST BROWARD BLVD., SUITE 500
FT. LAUDERDALE FL 33301

Mailing Address
110 EAST BROWARD BLVD., SUITE 500
FT. LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 63-1229313

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, H.WILLIAM JR.
501 BRICKELL KEY DRIVE, SUITE 509
MIAMI FL 33131

Name
ANDREW R. WEISS
Street Address (P.O. Box Number is Not Acceptable)
2601 S. BAYSHORE DRIVE
SUITE 700
City
MIAMI FL Zip Code 33133

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, type 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

000004275780--7
-05/22/01--01032--016
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TPC NATIONS, LLC
501 BRICKELL KEY DRIVE SUITE 509
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2601 SOUTH BAYSHORE DR. #700
MIAMI, FL 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCJAX MANAGER, INC.
ONE OFFICE PARK CIRCLE SUITE 300
BIRMINGHAM AL 35223 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE 8/15/01 305/379-7500 Daytime Phone #

CR2E083 (11/00)