

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001664

1. Entity Name
DELL REALTY HOLDINGS, L.C.

Principal Place of Business Mailing Address
C/O MAX D. MOODY, III C/O MAX D. MOODY, III
4652 PHILLIPS HIGHWAY 4652 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-7266

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

APPROVED
AND
FILED
00 MAY -4 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3603631
APPLIED FOR

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

BLACKBURN, DENNIS L
6620 SOUTHPOINT DRIVE, SOUTH
SOUTHPOINT BUILDING, SUITE 200
JACKSONVILLE FL 32216

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

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MOODY, MAX D III
STREET ADDRESS 4652 PHILLIPS HIGHWAY
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME MOODY, JUDITH I
STREET ADDRESS 4652 PHILLIPS HIGHWAY
CITY-ST-ZIP JACKSONVILLE FL 32207

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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

Date

Daytime Phone #

904 737-4401

CR21 083 (9/99)