ACKSONVILLE, FL 32202-5009 US  ACKSONVILLE, FL 32202-5009 US  ACKSONVILLE, FL 32202-5009 US  ACKSONVILLE, FL 32202-5009 US  ACKSONVILLE, FL 32202  No Chg-P CR2E034 (11/05)  - FEI Number 59-33022440  - FEI Number 59-3302240  - FEI Number 59-302240  - FEI Number 59-302240 - FEI Number 59-302240 - FEI Number 59-302 - FEI NUME 59-30 - FEI NUME 59-302 - FEI NUME 59-30 - FEI NU	1. Entity Nam	MENT # P950000214	41 •		μ Aγ	or 07, 2008 08:00 Secretary of Stat
1002     100     1002     1002     100     1002     1002     100     1002     1002     100     1002     1002     100     1002     100     1002     100     100     1002     100     10     100	1 INDEPEND STE 1600	DENT DR	1 INDEPENDENT DR Suite 1600	09 US		
DO NOT WRITE IN THIS SPACE	1	and a state of the second s				
E. Name and Address of Current Registered Agent SHIELDS, DAVID R INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202       The above named entity submits his statement for the purpose of changing as registered agent, or bon, in the State of Forda. Lum familiar with, and accost     me objactors of registered agent.      SGMATURE      FULE NOWILI FEE 1S 3150.00     After May 1, 2008 Prev Mills & Statement for the purpose of changing as registered agent.      More Tuber	È	O NOT WRITE	IN THIS SPA	ĊE	4. FEI Number 59-3302440	Applied For Not Applicable \$8.75 Additiona!
Syndault have of appared tape of the financing       (MOTE Registered Agent Syndaws et all data in apparent in the financing Trust Fund Contribution.       DIE         FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$555.00         00       OFFICERS AND DIRECTORS         10       OFFICERS	1 INDEPE SUITE 160 JACKSON 8. The above	DAVID R NDENT DR 20 IVILLE, FL 32202 e named entity submits this statement for th		ed office or register	IN THIS S	PACE
After May 1, 2005 Fee will be \$550.00       Trust Fund Contribution.       Added to Fees         10.       OFFICERS AND DIRECTORS       U000000004001         Image: LOVETT, W.R. II       PD       0.4/17/08-80038-012       150500         Image: LOVETT, W.R. II       InterFace       0.4/17/08-80038-012       150500         Image: LoveTT, P. Jacksonville, FL 32202       DO NOT       WRITE         InterFace       D       LOVETT, P. H       D         InterFace       D       Fant, LAUREN L       Fant, LAUREN L       Fant, LAUREN L         InterFace       S       MELLO, JEANNINE       MELLO, JEANNINE       Tinde	SIGNATURE.		bile if applicable (NOTE Register	ed Agent signature required	when reinstating)	DATE
0.       OFFICERS AND DIRECTORS       U00000004001         TILE       PD       04/17/08-80038-012       150500         MME       LOVETT, W.R. II       04/17/08-80038-012       150500         TREET ADDRESS       1 INDEPENDENT DR STE 1600       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         TILE       VT       SHIELDS, DAVID R       SHIELDS, DAVID R       JACKSONVILLE, FL 32202         TILE       VT       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         TILE       D       LOBE K L       INDEPENDENT DR STE 1600       JACKSONVILLE, FL 32202         TILE       D       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         TILE       D       LOVETT, P. H       INDEPENDENT DR STE 1600       JACKSONVILLE, FL 32202         TILE       D       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         TILE       D       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         TILE       S       ME       MELLO, JEANNINE       MELLO, JEANNINE       JACKSONVILLE, FL 32202         TILE       S       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202 <th></th> <th></th> <th></th> <th> ++</th> <th></th> <th></th>				++		
Invertige       LOVETT, W.R. II         INEET JORESS       INDEPENDENT DR STE 1600         JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         INUE       VT         SHIELDS, DAVID R       SHIELDS, DAVID R         INEET JORGESS       INDEPENDENT DR STE 1600         JITY ST-2P       JACKSONVILLE, FL 32202         JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         INV ST-2P       JACKSONVILLE, FL 32202         JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         INV ST-2P       JACKSONVILLE, FL 32202         INV ST-2P       JACKSONVILLE, FL 32202         INV ST-2P       JACKSONVILLE, FL 32202         INF ST-2P       JACKSONVILLE, FL 32202         INEET JORGESS       INDEPENDENT DR STE 1600         JTY ST-2P       JACKSONVILLE, FL 32202         INEET JORGESS       INDEPENDENT DR STE 1600         JTY ST-2P       JACKSONVILLE, FL 32202         INEET JORGESS       INDEPENDENT DR STE 1600         JTY ST-2P       JACKSONVILLE, FL 32202         JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32		•				
AWE       SHIELDS, DAVID R         INEET ADDRESS       1 INDEPENDENT DR STE 1600         JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         ITLE       D         LOEB, K L       1 INDEPENDENT DR STE 1600         ITLE       D         JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         ITLE       D         LOEB, K L       1 INDEPENDENT DR STE 1600         ITLF       D         LOVETT, P. H         TIRET ADDRESS       1 INDEPENDENT DR STE 1600         ITLF ST-2P       JACKSONVILLE, FL 32202         ITLE       D         MAKE       FANT. LAUREN L         INDEPENDENT DR STE 1600       INT-ST-2P         JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         ITLE       S         MAKE       FANT. LAUREN L         INDEPENDENT DR STE 1600       INT-ST-2P         JACKSONVILLE, FL 32202       JACKSONVILLE, FL 32202         ITLE       S         MEL       JACKSONVILLE, FL 32202         IZ: Interevy certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. If urther certify that the information indicated on this report or suppliemental report is true and accurate and that my singnature shall have the same legal effect as	10.	OFFICERS AND DI	RECTORS	L	<u>ມອດດ</u> ພັນກັນສະມີ ດີ4,437,400	
AWAE       LOEB, K L         INDEPENDENT DR STE 1600         JACKSONVILLE, FL 32202         ITLE         AWAE         INDEPENDENT DR STE 1600         JACKSONVILLE, FL 32202         ITLE         AMAE         INDEPENDENT DR STE 1600         JACKSONVILLE, FL 32202         ITLE         AME         FANT, LAUREN L         INDEPENDENT DR STE 1600         INT-ST-ZIP         JACKSONVILLE, FL 32202         ITLE         MAME         FRETADRESS         INDEPENDENT DR STE 1600         INT-ST-ZIP         JACKSONVILLE, FL 32202         ITLE         S         MAME         INDEPENDENT DR STE 1600         JACKSONVILLE, FL 32202         ITLE         S         MAME         INDEPENDENT DR STE 1600         JACKSONVILLE, FL 32202         ITLE         S         MAME         INDEPENDENT DR STE 1600         JACKSONVILLE, FL 32202         IZ. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicit	ID. IITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVETT, W.R. II 1 INDEPENDENT DR STE 1600	L RECTORS		04/17/0	19664-901 3-80038-012-150460 - +)
INME       LOVETT, F.H.         ITREET ADDRESS       1 INDEPENDENT DR STE 1600         ITT.E       D         ITME       FANT, LAUREN L         1 INDEPENDENT DR STE 1600         ITREET ADDRESS       1 INDEPENDENT DR STE 1600         ITTEE       S         ITTEE       S         ITTEE       S         ITTEE       NELLO, JEANNINE         ITREET ADDRESS       1 INDEPENDENT DR STE 1600         JACKSONVILLE, FL 32202       ITTEE         ITTEE       S         ITREET ADDRESS       1 INDEPENDENT DR STE 1600         JACKSONVILLE, FL 32202       ITTEE         ITTEET ADDRESS       1 INDEPENDENT DR STE 1600         ITTEET ADDRESS       1 INDEPENDENT DR STE 1600         ITREET ADDRESS       1 STREET ADDRESS         ITREET ADDRESS       1 STREET ADDRESS         ITREET ADDRESS       1 STREET ADDRESS	ITLE NAME STREET ADDRESS	PD LOVETT, W.R. II 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 VT SHIELDS, DAVID R 1 INDEPENDENT DR STE 1600	L RECTORS		04/17/0	90094301 3-80038-012-150400 +1
<ul> <li>FANT. LAUREN L</li> <li>INDEPENDENT DR STE 1600</li> <li>JACKSONVILLE, FL 32202</li> <li>THE S</li> <li>MAME MELLO, JEANNINE</li> <li>INDEPENDENT DR STE 1600</li> <li>INDEPENDENT DR STE 1600</li> <li>JACKSONVILLE, FL 32202</li> <li>INDEPENDENT DR STE 1600</li> <li>Indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information or director or director or the receiver or tyustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if</li> </ul>	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD LOVETT, W.R. II 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 VT SHIELDS, DAVID R 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 D LOEB, K L 1 INDEPENDENT DR STE 1600	AECTORS		04/17/0 DO NOT 1	00004301 0-80038-012 150 60 + 1
<ul> <li>MELLO, JEANNINE         <ul> <li>INDEPENDENT DR STE 1600             JACKSONVILLE, FL 32202</li> </ul> </li> <li>In hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or justee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if</li> </ul>	ITLE ITTLE I	PD LOVETT, W.R. II 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 VT SHIELDS, DAVID R 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 D LOEB, K L 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 D LOVETT, P. H 1 INDEPENDENT DR STE 1600	AECTORS		a the second a president of the second se	计放下的复数形式 使用 医蛋白的医尿的 医口口口
2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or Justee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if	ITLE ITLE IT	PD LOVETT, W.R. II 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 VT SHIELDS, DAVID R 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 D LOEB, K L 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 D LOVETT, P. H 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 D FANT, LAUREN L 1 INDEPENDENT DR STE 1600	RECTORS		a the second a president of the second se	计放下的复数形式 使用 医蛋白的医尿的 医口口口
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