

2001 UNIFORM BUSINESS REPORT (UBR)

0032005 SP

DOCUMENT # **L00000004677**

FILED

1. Entity Name
MCKEE & GRAY HOMES, L.L.C.

01 APR 30 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**292 KIDD ROAD
DEFUNIAK SPRINGS FL 32433**

Mailing Address
**292 KIDD ROAD
DEFUNIAK SPRINGS FL 32433**



2. Principal Place of Business
144 Thurston PL
Suite, Apt. #, etc.

3. Mailing Address
144 Thurston PL
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Crestview FL

City & State
Crestview FL

4. FEI Number
59-3647402

Applied For
 Not Applicable

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

Zip Country
32536 OKALOOSA

Zip Country
32536 OKALOOSA

6. Name and Address of Current Registered Agent
**MCKEE, JOHN L
292 KIDD ROAD
DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

Name
Gray Lynn R

Street Address (P.O. Box Number is Not Acceptable)
144 Thurston PL

City
Crestview FL Zip Code
32536

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 **Lynn R Gray** **Lynn R Gray** **27 MAR 01**

Signature, typed or printed name of registered agent and title if applicable. (Required when reinstating) DATE

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

9. MANAGING MEMBERS/MEMBERS

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

10. ADDITIONS/CHANGES

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | max Mckee, John L |
| STREET ADDRESS | 292 Kidd Rd |
| CITY-ST-ZIP | Defuniak Springs FL 32433 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | max Gray, Lynn R |
| STREET ADDRESS | 144 Thurston PL |
| CITY-ST-ZIP | Crestview FL 32536 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 8000004217888-1 |
| STREET ADDRESS | -05/15/01--01104--003 |
| CITY-ST-ZIP | *****55.00 *****55.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E083 (11/00)

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: **Lynn R Gray** **Lynn R Gray** **27 MAR 01** **850-423-1010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #