

**2001 UNIFORM BUSINESS REPORT (UBR)**

0003702 AF

DOCUMENT # **L00000011154**

1. Entity Name  
**CORDOVA ASSOCIATES, L.L.C.**

**FILED**

01 FEB 22 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
125 WEST ROMANA STREET, SUITE 224 PENSACOLA FL 32501

2. Principal Place of Business 3. Mailing Address  
3300 NORTH TAG BLD 1310 ARIOLA DRIVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
PENSACOLA PENSACOLA BEACH  
City & State City & State  
FLA FLA

4. FEI Number 59-3670-926 Applied For Not Applicable  
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  
LOZIER, DANIEL R DANIEL R. LOZIER  
~~125 WEST ROMANA STREET, SUITE 224~~ Street Address (P.O. Box Number is Not Acceptable)  
PENSACOLA FL 32501 24 West Chase ST.  
City Pensacola FL Zip Code 32501

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 *Daniel R. Lozier Registered Agent* DATE 1/11/01  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.)

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSENBERGER, RAY D 815 SOUTH PALAFOX PLACE PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EMLING, CHARLES A III 815 SOUTH PALAFOX PLACE PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003768601 <input type="checkbox"/> Change <input type="checkbox"/> Addition -02/26/01--01136--024 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATT DURNEN 1310 ARIOLA DRIVE PENSACOLA BEACH, FLA 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles A. Emling* Date: 2-10-2001 Daytime Phone #: 850-469-9904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)