

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90195 044 \*\*\*\*50.00

**DOCUMENT # L01000000142**



1. Entity Name  
**SHACKELFORD PROPERTIES, 146 HARBOURMASTER COURT,  
LLC**

Principal Place of Business      Mailing Address  
**200 PLANTATION CHASE STE #8  
ST SIMONS ISLAND GA 31561**      **PO BOX 30282  
SEA ISLAND GA 31561**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

4. FEI Number      **59-2622501**

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

**SHACKELFORD, JOHN P JR.  
105 CUTTER COURT  
PONTE VEDRA BEACH FL 32082**

*New  
Address  
→*

Name  
**Shackelford, John P. Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2603 Apt # 100 South Birch Road**  
**Ft. Lauderdale,**  
City      **FL**      Zip Code  
**33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-7-2003**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>MGRM SHACKELFORD JR, JOHN P. PO BOX 30282 SEA ISLAND GA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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]*      **SIGNATURE REQUIRED**      **1-7-2003**      **912-634-0924**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)