2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022565

1. Entity Name

MCCUMBER-WRIGHT GOLF VENTURE, LLC



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90037 005 ****50.00

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2. Principer Place of Business 3. Mailing Address Sulfe, Apr. #, etc. Chy & State City &	Principal Place of Business Mailing Address												
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S. Name and Address of Current Registered Agent WALTERS, MICHAEL A SON LAURA ST, STE. 2000 JACKSONALE FI. 32202 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgestone of registered agent and tax 4 apolitics. WALTERS, MICHAEL A SON LAURA ST, STE. 2000 JACKSONALE FI. 32202 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgestone of registered agent. WALTERS, MICHAEL A STEEL ADDRESS WALTERS, MICHAEL A WALTERS, MICHAEL	City & Stat	te		City & State			4. FEI Num	nber	01-061914	1	-	· · · · · · · · · · · · · · · · · · ·	
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WALTERS, MICHAEL A 50 N. LAURA ST., STE. 2000 JACKSONVILLE FL 32202 City FL Zip Code City FL Zip Cod		6. Name a	nd Address of Current Re						gent				
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S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the deliquations of registered agent. Signature Part Pa	50 1	n. Laura st	., STE. 2000	Street Address ((P.O. Box Num	P.O. Box Number is Not Acceptable)					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Control Contr	JAC	KSONVILLE	-L 32202										
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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 reguliver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND THE DESCRIPTION OF SIGNATURE AND THE SIGNATURE AND TH

Daytime Phone #