


AMENDED
2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

0009413

DOCUMENT # L02000006084

1. Entity Name
TREMEX, LLC



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 DEC 9 AM 11:03 *LL 12/19*

Principal Place of Business *Change address*
 343 L'ATRIUM CIRCLE
 DESTIN FL 32550

Mailing Address
 343 L'ATRIUM CIRCLE
 DESTIN FL 32550



2. Principal Place of Business
4640 PARADISE ISLE

3. Mailing Address
4640 PARADISE ISLE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Destin, Florida

City & State
Destin, Florida

Zip Country
32541 USA

Zip Country
32541 USA

4. FEI Number
43-1976373

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY, SUITE 301
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name
EIKE TREMMEL REDMOND

Street Address (P.O. Box Number is Not Acceptable)
4640 PARADISE ISLE

City **Destin** FL Zip Code **32541**

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 **EIKE Tremmel Redmond** DATE **7-14-03**

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELKE Tremmel-Redmond 4640 Paradise Isle Destin Florida 32541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600025337706 12/09/03--01010--025 *\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600025337706 12/03/03--01010--026 *\$5.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED** *12-5-03 229-220-6050*

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

CR2E083 (4/03)