

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-11-2003 90018 003 ****50.00

DOCUMENT # L02000013740



1. Entity Name
BILLY MCGEHEE ENTERPRISES, LLC

Principal Place of Business
**11620 COURT OF PALMS, #203
FORT MYERS FL 33908**

Mailing Address
**11620 COURT OF PALMS, #203
FORT MYERS FL 33908**

2. Principal Place of Business

3. Mailing Address



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
01-0709175

Applied For
 Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGEHEE, WILLIAM
11620 COURT OF PALMS, #203
FORT MYERS FL 33908**

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGER
William McGehee
11620 Court of Palms #203
FT. Myers, FLORIDA 33908**

Delete

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

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CITY-ST-ZIP

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Delete

Change

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: *William McGehee* **WILLIAM MCGEHEE** **William M'Gehee** **4-5-03** **239-281-5664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)