

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

FILED
Jun 27, 2003 8:00 am
Secretary of State

4/2

04-29-2003 90031 031 ****50.00

DOCUMENT # L02000018687



1. Entity Name
THE PUMPHREY BUILDING, L.L.C.

Principal Place of Business Mailing Address
553 EAST TENNESSEE STREET **553 EAST TENNESSEE STREET**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32301**

44005097

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
510419126 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

~~PUMPHREY, DONALD JR~~
~~553 EAST TENNESSEE STREET~~
~~TALLAHASSEE FL 32301~~

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 **MGRM** Delete
NAME **PUMPHREY, DONALD A JR**
STREET ADDRESS **2920 CENTERVILLE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Delete
NAME **PUMPHREY, DONALD A SR**
STREET ADDRESS **2920 CENTERVILLE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 808, Florida Statutes.

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

4/25/03 850-681-7777
Date Daytime Phone #

CFR2E083 (10/02)

Attachment

44005097
~~#L02000018687~~

We made
numerous
request to the
IRS & just
received this #
today (06/13/03)
Thank you.

