

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90022 018 \*\*\*\*50.00

0041125

**DOCUMENT # L95000000917**

1. Entity Name  
**AUTUMN PROPERTIES, L.C.**

|   |   |
|---|---|
| Principal Place of Business<br>5155 S.E. 44TH AVENUE/ROAD<br>OCALA FL 34480 | Mailing Address<br>5155 S.E. 44TH AVENUE/ROAD<br>OCALA FL 34480 |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br>3019 East Fort King St.<br>Suite, Apt. #, etc. | 3. Mailing Address<br>3019 East Fort King St.<br>Suite, Apt. #, etc. |
|--|--|

|                           |                           |                             |                               |
|---------------------------|---------------------------|-----------------------------|-------------------------------|
| City & State<br>Ocala, FL | City & State<br>Ocala, FL | 4. FEI Number<br>59-3350280 | Applied For<br>Not Applicable |
| Zip<br>34470              | Country<br>USA            | Zip<br>34470                | Country<br>USA                |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

**WILKINSON, MICHAEL**  
~~5155 S.E. 44TH AVENUE/ROAD~~  
~~OCALA FL 34480~~

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 3019 East Fort King St.  
 City Ocala, FL Zip Code 34470

*Address change*

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS  |                                 |
|---|---------------------------------|
| TITLE<br>MEM<br>NAME<br>WILKINSON, MICHAEL<br>STREET ADDRESS<br>5155 S.E. 44TH AVENUE/ROAD<br>CITY-ST-ZIP<br>OCALA FL 34480 | <input type="checkbox"/> Delete |
| TITLE<br>MGRM<br>NAME<br>WILKINSON, DEBRA<br>STREET ADDRESS<br>5155 S.E. 44TH AVENUE/ROAD<br>CITY-ST-ZIP<br>OCALA FL 34480  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>3019 East Fort King St.<br>Ocala, FL 34470 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>3019 East Fort King St.<br>Ocala, FL 34470 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:** *Michael P. Wilkinson* **3/29/02** **352-854-0070**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E089 (9/01)