

2001-2002 **ED LIABILITY COMPANY**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900009304
 1. Entity Name
Fraleigh Sales, LLC

FILED

02 JUN -6 PM 2:44

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Rt 3 Box 33
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 262
 Suite, Apt. #, etc.

City & State
Madison FL

City & State
Madison, FL

Zip
32340 Country USA

Zip
32341 Country USA

4. FEI Number
59-3629249 Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name James L. Fraleigh

Street Address (P.O. Box Number is Not Acceptable)
Rt 3, Box 36A

City Madison FL Zip Code 32340

DO NOT WRITE IN THIS SPACE

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 [Signature] DATE 5-31-02

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

FEE IS \$80.00
 Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>owner/manager</u> <u>James L. Fraleigh</u> <u>P.O. Box 262</u> <u>Madison, FL 32341</u>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>000005753840--</u> <u>-06/11/02--01082--003</u> <u>****100.00 ****100.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>50.00 - CF</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>50.00 - ADM</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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] Date 5-31-02 (850) 253-3854

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

CR2E089B (12/01)