

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90002 019 ****50.00

1070161

DOCUMENT # M00000001531

1. Entity Name

CIMARRON ASSOCIATES, LLC



Principal Place of Business

2 EATON STREET, SUITE 1100
HAMPTON VA 23669

Mailing Address

2 EATON STREET, SUITE 1100
HAMPTON VA 23669

2. Principal Place of Business

293 Independence Blvd.

Suite, Apt. #, etc.
Bldg. 5, Suite 400
City & State
Virginia Beach, VA

Zip
23462

Country
U.S.A

3. Mailing Address

293 Independence Blvd.

Suite, Apt. #, etc.
Bldg. 5, Suite 400
City & State
Virginia Beach, VA

Zip
23462

Country
U.S.A



CHECK HERE IF MAKING CHANGES

4. FEI Number **54-1996244**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE **MGR** Delete
NAME **CIMARRON ASSOCIATES MANAGER, INC.**
STREET ADDRESS **2 EATON STREET, SUITE 1100**
CITY-ST-ZIP **HAMPTON VA 23669**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** Change Addition
NAME **Cimarron Associates Manager, Inc.**
STREET ADDRESS **293 Independence Blvd. Bldg. 5, Ste 400**
CITY-ST-ZIP **Virginia Beach, VA 23462**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

3-24-03

757-217-3400

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

Date

Daytime Phone #

CR2E083 (10/02)