

FILED
May 27, 2002 8:00 am
Secretary of State

04-30-2002 90035 050 ****50.00

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

DOCUMENT # 101000000221 ✓
 1. Entity Name
CONTINENTAL PACIFIC, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 S. THREE NOTCH ST.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 755
 Suite, Apt. #, etc.

City & State
TROY, AL

City & State
TROY, AL

4. FEI Number
63-0825650

Zip
36081

Country
U.S.A.

Zip
36081

Country
U.S.A.

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **CT CORPORATION SYSTEM**
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 City **Plantation** FL Zip Code **33324**

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 Dale W. Morris **DALE W. MORRIS** **ASSISTANT VICE PRESIDENT** 5/16/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00
 Make Check Payable to Department of State
 DUE BY MAY 11

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER/MANAGER JEREMIAH A. HENDERSON 20102 ATASCOCITA LAKES DR. HUMBLE, TX 77346
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER/MANAGER JAMES B. STROTHER 261 SAND TRAP RD., UNIT 2-C DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(b), 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: Dale W. Morris **4-12-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)