

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000559

1. Entity Name
GMFS, L.L.C.

FILED

00 JAN 24 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7389 FLORIDA BLVD., SUITE 200A
BATON ROUGE LA 70806

Mailing Address
7389 FLORIDA BLVD., SUITE 200A
BATON ROUGE LA 70806-4657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
72-1441479

Applied For
Not Applicable

Zip Country

Zip Country

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

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

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM**
STREET ADDRESS **BROWN, J. TERRELL JR**
CITY-ST-ZIP **7389 FLORIDA BLVD., SUITE 200A
BATON ROUGE LA 70806**

TITLE Change Addition
NAME *managing member*
STREET ADDRESS *Brown, J. Terrell Sr.*
CITY-ST-ZIP *7389 Florida Blvd Suite 200A
Baton Rouge, La 70806*

TITLE Delete
NAME **MGRM**
STREET ADDRESS **D'ARMOND, THOMAS W**
CITY-ST-ZIP **7389 FLORIDA BLVD., SUITE 200A
BATON ROUGE LA 70806**

TITLE Change Addition
NAME **100003119391-4**
STREET ADDRESS **-02/01/00--01123--007**
CITY-ST-ZIP *******55.00 *****55.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
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 608, Florida Statutes.

SIGNATURE:

Thomas W. D'Armond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/10/99
Date

(225) 214-8016
Daytime Phone #