2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000634

1. Entity Name ~

AZURE DEVELOPMENT, L.L.C.

APPROVED
AND
FILED

00 APR 21 AM 10: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
BUILDING #113	BUILDING #113
BAY BRIDGE PROFESSIONAL PARK	BAY BRIDGE PROFESSIONAL PARK
GULF BREEZE FL 32561	GULF BREEZE FL 32561

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

mnm

4. FEI Number 59-3514152
59-3150274

Applied For
Not Applicable

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**
MACQUEEN, JULIAN	Name
BUILDING #113	Street Address (P.O. Box Number is Not Acceptable)
BAY BRIDGE PROFESSIONAL PARK	
GULF BREEZE FL 32561	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
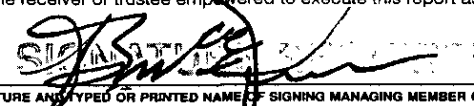**Make Check Payable to Department of State**

9.	MANAGING MEMBERS / MEMBERS		**10.**	ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MACQUEEN, JULIAN B		NAME	4000003241374---8		
STREET ADDRESS	BUILDING #113, BAY BRIDGE PROFESSIONAL PARK		STREET ADDRESS	--05/05/00--01031--012		
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP	*****50.00 *****50.00		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E083 (9/99)

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: _____   4/19/00   (850) 434-3609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #