

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **L00000009428**

1. Entity Name
12 PALAFOX PLACE LLC

FILED

01 FEB 22 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
226 PALAFOX PLACE, SIXTH FLOOR
PENSACOLA FL 32501

Mailing Address
P.O. BOX 710
PENSACOLA FL 32593-0710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3662760

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHILL, LAWRENCE C
226 PALAFOX PLACE, SIXTH FLOOR
PENSACOLA FL 32501

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.

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 NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM MERRILL, WILLIS C III	226 PALAFOX PLACE, SIXTH FLOOR	PENSACOLA FL 32501	<input type="checkbox"/>
MGRM MERRILL, BURNEY H	226 PALAFOX PLACE, SIXTH FLOOR	PENSACOLA FL 32501	<input type="checkbox"/>
MGRM MERRILL, J. COLLIER	226 PALAFOX PLACE, SIXTH FLOOR	PENSACOLA FL 32501	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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*****50.00 *****50.00

Handwritten signature/initials

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: Willis C Merrill COLIER MERRILL 2-14-01 850-438-0955
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE { Date } { Daytime Phone # }

CR2E083 (11/00)