

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000737

1. Entity Name

COCOA BEACH-NEW ORLEANS, L.L.C.

FILED

01 APR 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

506 45TH STREET
SUITE B-5
COLUMBUS GA 31904

Mailing Address

506 45TH STREET
SUITE B-5
COLUMBUS GA 31904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-1396471

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

CAPITAL CONNECTION, INC.

417 E. VIRGINIA ST.

STE. 1

TALLAHASSEE FL 32301-1283

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

600004079056--4
-04/26/01--01010--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEM ☐ Delete
NAME BRADISH JOHNSON CO., LTD.
STREET ADDRESS 826 UNION ST., SUITE 200
CITY-ST-ZIP NEW ORLEANS LA 70112-1402

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME PHILLIPS, NATHANIEL P JR.
STREET ADDRESS 826 UNION ST., SUITE 200
CITY-ST-ZIP NEW ORLEANS LA 70112-1402

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME LAKE CHARLES NAVAL STORES CO., INC.
STREET ADDRESS 830 UNION ST., STE 200
CITY-ST-ZIP NEW ORLEANS LA 70130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME LACROIX CELLULAR PARTNERSHIP
STREET ADDRESS 826 UNION ST., SUITE 100
CITY-ST-ZIP NEW ORLEANS LA 70112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME MISSISSIPPI INVESTMENTS, INCORPORATED
STREET ADDRESS P.O. BOX 2067
CITY-ST-ZIP LAUREL MS 39442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME WHITE, JOHN F JR
STREET ADDRESS 830 UNION ST., STE 200
CITY-ST-ZIP NEW ORLEANS LA 70112

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:

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

Date

Daytime Phone #

CR2E083 (11/00)