2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000038

1. Entity Name

THE MARSEILLES, L.C.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
16549 PERDIDO KEY DR Suite, Apt. #, etc.	16549 PERDIDO KEY DR Suite, Apt. #, etc.
City & State PENSACOLA, FL	City & State PENSACOLA, FL
32507 Country ESCAMBIA	Zip 32507 Country ESCAMBIA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3617674 ☐ 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
JACKSON G. SMITH 16549 PERDIDO KEY DR. PENSACOLA, FL 32507	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	MANAGER/MEMBER	☐ Delete	TITLE	MEMBER	☐ Change ☐ Addition
NAME	JACKSON G. SMITH		NAME	DR. WALTER C. CONNOR	
STREET ADDRESS	16549 PERDIDO KEY DR		STREET ADDRESS	1323 FARRELL LANE	
CITY-ST-ZIP	PENSACOLA, FL. 32507		CITY-ST-ZIP	RICHLAND, WASHINGTON 99352	
TITLE	MEMBER	☐ Delete	TITLE	MEMBER	☐ Change ☐ Addition
NAME	JACKSON G. SMITH, JR.		NAME	COL. EDWARD T. CONNOR	
STREET ADDRESS	16549 PERDIDO KEY DR		STREET ADDRESS	4525 ACADIA COVE	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	MEMBER	☐ Delete	TITLE	500003289585--9	☐ Change ☐ Addition
NAME	CAROLINE C. BOND		NAME	-05/14/00--01101--015	
STREET ADDRESS	321 MELODY PLACE APT. F		STREET ADDRESS	*****50.00 *****50.00	
CITY-ST-ZIP	ANCHORAGE, ALASKA 99504		CITY-ST-ZIP		
TITLE	MEMBER	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACOB S. SMITH		NAME		
STREET ADDRESS	620 TUTHILL LN		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36608		CITY-ST-ZIP		
TITLE	MEMBER	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DR. ROBERT CONNOR		NAME		
STREET ADDRESS	1771 INDEPENDENCE COURT SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35216		CITY-ST-ZIP		
TITLE	MEMBER	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DR. CHARLES DOBBIN CONNOR		NAME		
STREET ADDRESS	10572 SUNSET PINES COURT		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63128		CITY-ST-ZIP		

CR2E083 (11/99)

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: JACKSON G. SMITH, MANAGER — APRIL 4, 2000 — 850 492-7654

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