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DOCUMENT # L0000001011								$\begin{array}{cccccccccccccccccccccccccccccccccccc$			30474 AB
RICHARDS PROPERTIES, L.L.C.							FILED				
Principal Place of Business Mailing Address								NOV -5 PM 12: 17			
6450 HIGHWA FAYETTE AL			6450 HIGHWAY 96 FAYETTE AL 35555				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3. Mailing Add				ng Address							
Suite, Apt. #, etc. S			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State	City & State			4. FEI Number X Applied For Not Applicable				
Zip		Zip	Zip Country			5. Certi	ificate of Status Desired	\$5.00 Add	fitional		
	6. Name	and Address of Current R	egistered Agent				7. Nam	e and Address of New Registered	Agent		1
					Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						ddress (P.0	D. Box N	lumber is Not Acceptable)] .
PLANTATION FL 33324				Oib.				. 17:0-4		-	
`					City			Fi	L Zip Cod	ð	
8. The above	named entit	y submits this statement for	the purpose of changing its r	egistere	ed office or	registered	agent,	or both, in the State of Florida.	· · · · · · · · · · · · · · · · · · ·		1 .
SIGNATURE											
	Signature, typed	or printed name of registered agent an	title if applicable. (NOTE:	Registere	d Agent signatu	re required wh	en reinstat	ng) ' DATE			
Mak				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of				800004685 -11/16/010	010580	128	
9. MANAGING MEMBERS/MEMBERS				10.	# ******* 「						┨
TITLE	Managi	ng Member	Delete	TITLE				ADUITIONS/CHANGE	Change	☐ Addition	6
NAME STREET ADDRESS	Jeffre	y F. Richards	<u>.</u> .	NAM							3 (11/0
CITY-ST-ZIP	Fayett	ighway 96 e, AL 35555			-ST-ZIP						CR2E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Deborah C. Richards 6450 Highway 96 Favette, AL 35555		Delete					*	☐ Change	☐ Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		E Et address -ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					4				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREE	:				Change	Addition	
TITLE NAME STREET AUDRESS			☐ Delete	TITLE NAME STREE					☐ Change	Addition	:

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:

2001 UNIFORM BUSINESS REPORT (UBR)

10-30-01

205-872-7106