

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90009 008 ****50.00

DOCUMENT # L00000001518

1. Entity Name
RENEGADE FAMILY, L.L.C.

Principal Place of Business Mailing Address
1900 CENTRE POINTE BLVD. #71 **P.O. BOX 15699**
TALLAHASSEE FL 32308 **TALLAHASSEE FL 32317**

2. Principal Place of Business 3. Mailing Address
2584 Centerville Ct Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee FL **Tallahassee FL**
Zip Country Zip Country
32308 **Leon**

4. FEI Number Applied For
59-3700750 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DURHAM, WILLIAM M Name
1900 CENTRE POINTE BLVD. #71 Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32308 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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MRG	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DURHAM, WILLIAM M		NAME		
STREET ADDRESS	1900 CENTRE POINTE BLVD. #71		STREET ADDRESS	2584 Centerville Ct	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	Tallahassee FL 32308	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *William M. Durham* **william m. Durham** **4/16/02** **850-309-7399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)