

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001781

1. Entity Name
COMMERCE STREET INVESTMENTS, LLC

FILED
01 JUN 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

17 AVENUE D
APALACHICOLA FL 32329

Mailing Address

P.O. BOX 608
APALACHICOLA FL 32329



2. Principal Place of Business

8141 Highway 98 W.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 14088
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Joe Beach, FL

City & State
Mexico Beach, FL

4. FEI Number
57-3633-262

Applied For
Not Applicable

Zip
32456

Country
GOLF(USA)

Zip
32410

Country
Bay(USA)

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, JAMES R. SR.
17 AVENUE D
APALACHICOLA FL 32329

7. Name and Address of New Registered Agent

Name SULLIVAN, JAMES R. SR.
Street Address (Box Number is Not Acceptable)
111 N. 44th St.
City Mexico Beach, FL Zip Code 32410

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

JAMES R. SULLIVAN

JAMES R. SULLIVAN

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004463182--6
-07/06/01--01113--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MANAGING MEMBER JAMES R. SULLIVAN 9795 BUICE ROAD ALPHARETTA, GA 30022 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

5/1/01 (800) 648-8567

CR2E083 (11/00)