

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000002215

Entity Name: AZURE, L.L.C.

FILED
Jan 11, 2003
Secretary of State

Current Principal Place of Business:

1848 E. CO. HWY. 30A
UNIT #20
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

1848 E. CO. HWY. 30A
UNIT #20
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3635543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAINBACK, ROBERT D
1848 E. CO. HWY. 30A
UNIT #20
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LAMARCHE, JUDITH A
Address: 1848 E. CO. HWY. 30A UNIT #20
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM () Delete
Name: STAINBACK, ROBERT D
Address: 1848 E. CO. HWY. 30A UNIT #20
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAMARCHE, JUDITH A DR.
Address: 1848 E. CO. HWY. 30A UNIT #20
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM (X) Change () Addition
Name: STAINBACK, ROBERT D DR.
Address: 1848 E. CO. HWY. 30A UNIT #20
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT D. STAINBACK

DR.

01/11/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date