

# 2001 UNIFORM BUSINESS REPORT (UBR)

0029083 AF

**DOCUMENT #** L00000002225  
**1. Entity Name**  
 MAPACAKE, L.L.C.

FILED  
 01 MAY 24 PM 12:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 12815 EMERALD COAST PARKWAY, SUITE 124      2290 SOUTH GERMANTOWN ROAD  
 DESTIN FL 32541      GERMANTOWN TN 38138



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 3012 Emerald Coast Pkwy      2290 Germantown Pds  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Destin, FL      Germantown, TN

**Zip**      **Country**      **Zip**      **Country**  
 32541      USA      38138      USA

**4. FEI Number**      **Applied For**  
 582542668       Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 BRANNON, GEORGE T  
 12815 EMERALD COAST PARKWAY, SUITE 124  
 DESTIN FL 32541

**7. Name and Address of New Registered Agent**  
 Name: Walker M Taylor  
 Street Address (P.O. Box Number is Not Acceptable): 3012 Emerald Coast Pkwy  
 City: Destin      FL      Zip Code: 32541

**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: *WM Taylor*      Walker M Taylor      DATE: 5/21/01  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

~~FILE NUMBER~~      ~~W/III-FEE IS \$50.00~~  
 Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	TAYLOR, WALKER M IV	
STREET ADDRESS	9560 GWYNNBROOK COVE	
CITY-ST-ZIP	GERMANTOWN TN 38139	
TITLE	Treasurer	<input type="checkbox"/>
NAME	Cynthia Taylor	
STREET ADDRESS	9560 Gwynnbrook Cv	
CITY-ST-ZIP	Germantown, TN 38139	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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:** *WM Taylor*      **SIGNATURE REQUIRED**      4/15/01      901 754-5540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)