

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000002225

FILED  
Apr 27, 2003  
Secretary of State

Entity Name: MAPACAKE, L.L.C.

**Current Principal Place of Business:**

36112 EMERALD COAST PARKWAY  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

2290 SOUTH GERMANTOWN ROAD  
GERMANTOWN, TN 38138

**New Mailing Address:**

FEI Number: 58-2542668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAYLOR, WALKER M  
36112 EMERALD COAST PARKWAY  
DESTIN, FL 32541 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: TAYLOR, WALKER M IV  
Address: 9560 GWYNNBROOK COVE  
City-St-Zip: GERMANTOWN, TN 38139

Title: T ( ) Delete  
Name: TAYLOR, CYNTHIA  
Address: 9560 GWYNNBROOK COVE  
City-St-Zip: GERMANTOWN, TN 38139

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TAYLOR, WALKER M IV  
Address: 9560 GWYNNBROOK COVE  
City-St-Zip: GERMANTOWN, TN 38139

Title: MGR (X) Change ( ) Addition  
Name: TAYLOR, CYNTHIA  
Address: 9560 GWYNNBROOK COVE  
City-St-Zip: GERMANTOWN, TN 38139

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: WALKER M TAYLOR

MGR

04/27/2003

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