

2001 UNIFORM BUSINESS REPORT (UBR)

002:360 AF

DOCUMENT # L00000002729
 1. Entity Name
LENDERS OUTLET LLC

FILED
 01 APR 30 PM 6:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 2305 TRANSMITTER ROAD P.O. BOX 18858
 PANAMA CITY FL 32404 PANAMA CITY BEACH FL 32417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 59-3632706 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 TRUITT, JAMES F
 13110 AGAVE STREET
 PANAMA CITY BEACH FL 32417

7. Name and Address of New Registered Agent
 Name: **Johnnie C. Bowman**
 Street Address (P.O. Box Number is Not Acceptable): **3189 Wood Valley Road**
 City: **Panama City** FL Zip Code: **32406**

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: *Johnnie C. Bowman* DATE: **3-10-01**
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Manager	JAMES D. HICKS	2920B BOMARC ST	Panama City FL 32403	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manager	Johnnie C. Bowman	3189 Wood Valley Rd	Panama City, FL 32405	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manager	Charles C. Dyer	2927 E. 5th St	Panama City, FL 32401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Johnnie C. Bowman* DATE: **3-10-01** DAYTIME PHONE #: **850-522-8440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)