

FILED
May 30, 2002 8:00 am
Secretary of State

04-03-2002 90021 013 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003263

1. Entity Name

YELLOW WATER INVESTMENTS, LLC

Principal Place of Business

**1200 RIVER PLACE BLVD., #902
JACKSONVILLE FL 32207**

Mailing Address

**1200 RIVER PLACE BLVD., #902
JACKSONVILLE FL 32207**

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

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, BRIAN
1200 RIVER PLACE BLVD., #902
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM** Delete
NAME: **LONGLEAF TIMBER COMPANY INC.**
STREET ADDRESS: **1200 RIVER PLACE BLVD., #902**
CITY-ST-ZIP: **JACKSONVILLE FL 32207**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

10. ADDITIONS/CHANGES

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

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

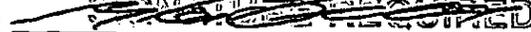
TITLE: Change Addition
NAME:
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 Change Addition

TITLE: Change Addition
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TITLE: Change Addition
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CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/3/02

Date

904-993-6118

Daytime Phone #

CR2E083 (9/01)



59-3633231 DO NOT WRITE IN THIS SPACE