

2001 UNIFORM BUSINESS REPORT (UBR)

0004038 AF

DOCUMENT # L00000003523

1. Entity Name
SOURCE PROPERTIES, LLC

FILED

01 MAR 23 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
151 REGIONS WAY, STE 2C
DESTIN FL 32541

Mailing Address
151 REGIONS WAY, STE 2C
DESTIN FL 32541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

651 Don Bishop Rd.
Suite, Apt. #, etc.

3. Mailing Address

651 Don Bishop Rd.
Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL
Zip 32459 Country USA

City & State

Santa Rosa Beach, FL
Zip 32459 Country USA

4. FEI Number

59-3639405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKS, DIANE
151 REGIONS WAY, STE 2C
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name Wilks, Diane
Street Address (P.O. Box Number is Not Acceptable)
651 Don Bishop Rd.
City Santa Rosa Beach, FL Zip Code 32459

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 Diane Wilks
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/01
DATE

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Davis, MC 651 Don Bishop Rd. Santa Rosa Beach, FL 32459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Wilks, Diane 651 Don Bishop Rd. Santa Rosa Beach, FL 32459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Harper Robert 908 S. Florida Ave. Suite 106 Lakeview, FL 33803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003930130 -03/29/01--01105--010 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Diane Wilks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-21-01

Date

850-267-4949

Daytime Phone #

CR2E083 (11/00)