

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90127 016 ****55.00

DOCUMENT # L00000003782

1. Entity Name
POND CREEK LANDS, L.C.



Principal Place of Business
**694 BALDWIN AVENUE, SUITE 1
DEFUNIAK SPRINGS FL 32433**

Mailing Address
**694 BALDWIN AVENUE, SUITE 1
DEFUNIAK SPRINGS FL 32433**

2. Principal Place of Business

3. Mailing Address

P. O. Box 1673

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Santa Rosa Beach, FL

4. FEI Number **59-3637978**

Applied For

Not Applicable

Zip

Country

Zip

23459

Country

Walton

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, MARK D
694 BALDWIN AVENUE, SUITE 1
DUFUNIAK SPRINGS FL 32433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mark D. Davis**

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

(NOTE: Registered Agent signature required when reinstating)

1/7/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HILDRETH, EMMETT F JR.
P.O. BOX 1673
SANTA ROSA BEACH FL 32459** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WEEKS, JOHN D
3279 FAIRWAY PLACE
CRESTVIEW FL 32539** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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

Date

Daytime Phone #

April 18, 2003 **850-**
Emmett F. Hildreth, Jr. 267-2009

CR2E083 (10/02)