

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	L66600004624
1. Entity Name	
HENDERSON BEACH BUSINESS PARK, LLC	

Principal Place of Business	Mailing Address
10 COMMERCE DRIVE DESTIN, FL 32541	10 COMMERCE DRIVE DESTIN, FL 32541

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

4. FEI Number	Applied For
59-3642268	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
ROBERT E. MCGILL, III 36008 EMERALD COAST PKWY, SUITE 301 DESTIN, FL 32541	

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	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

9. MANAGING MEMBERS / MEMBERS	
TITLE	MANAGING MEMBER <input checked="" type="checkbox"/> Delete
NAME	JOHN LUEDECKE
STREET ADDRESS	709 BAYOU DRIVE, DESTIN, FL 32541
CITY-ST-ZIP	

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

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

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

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

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

10. ADDITIONS / CHANGES	
TITLE	MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN P. BRANSCUM
STREET ADDRESS	P. O. BOX, KEY VILLAGE OFFICE PARK
CITY-ST-ZIP	559

TITLE	RUSSELL SPRINGS, KY 42642 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON TURNER
STREET ADDRESS	P. O. BOX 55194, LEXINGTON, KY 40555-5194
CITY-ST-ZIP	

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

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

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	8/30/01 837-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

FILED

01 SEP -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

CR2E083 (11/00)