

2001 UNIFORM BUSINESS REPORT (UBR)

0004156 AF

DOCUMENT # L00000004710

1. Entity Name

LIVINGSTON PROPERTIES, LIMITED LIABILITY COMPANY

FILED

01 JUN 26 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

3035 THE OAKS
DESTIN FL 32541

3035 THE OAKS
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

STE 201 Canac Center STE 201 Canac Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5597 Hwy 98

5597 Hwy 98

City & State

City & State

Santa Rosa Beach, FL

Santa Rosa Beach FL

Zip

Zip

32459

32459

Country

Country

4. FEL Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

LYDOLPH, PAUL III ESQ

COLLIER & COFFIELD, ATTORNEYS AT LAW

1719 SOUTH COUNTY HIGHWAY 393

SANTA ROSA BEACH FL 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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME HARALSON, HERBERT L
STREET ADDRESS 3035 THE OAKS
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 300004469293--4
STREET ADDRESS -07/11/01--01053--002
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM
NAME HARALSON, DIANE P
STREET ADDRESS 3035 THE OAKS
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-26-01

CR2E083 (11/00)