

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90076 032 ****50.00

0045228

DOCUMENT # L00000005283

1. Entity Name

BRANNAN MILL PLANTATION, L.L.C.



Principal Place of Business

**4729 US HWY 17
SUITE 204
ORANGE PARK FL 32073**

Mailing Address

**4729 US HWY 17
SUITE 204
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3694542**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WOOD, JAMES RICKY
4729 US HWY 17
SUITE 204
ORANGE PARK FL 32073**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **WOOD, JAMES RICKY**
STREET ADDRESS **4729 US HWY 17 SUITE 204**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☒ Change ☐ Addition
NAME **WOOD, JAMES RICKY**
STREET ADDRESS **32003-B244**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **WOOD, SUSAN D**
STREET ADDRESS **4729 US HWY 17 STE 204**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **MGR** ☒ Change ☐ Addition
NAME **MGR**
STREET ADDRESS **32003-B244**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **EDWARDS, JR.; MABRY**
STREET ADDRESS **4729 US HIGHWAY 17, SUITE 204**
CITY-ST-ZIP **ORANGE PARK, FL 32003-B244**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

Date

Daytime Phone #

ITS CFO

APRIL 29, 2003 (904) 264-6553

CR2E083 (10/02)