

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

01 MAY 14 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006210

1. Entity Name
THE COURTYARD ON ST. GEORGE, L.L.C.

Principal Place of Business: **749 WEST GULF BEACH DRIVE ST. GEORGE ISLAND FL 32328**

Mailing Address: **749 WEST GULF BEACH DRIVE ST. GEORGE ISLAND FL 32328**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **800 Akel Street**
Suite, Apt. #, etc.

3. Mailing Address: **800 Akel Street**
Suite, Apt. #, etc.

City & State: **St George Isl., FL**

City & State: **St. George Island, FL**

Zip: **32328** Country: **U.S.A.**

Zip: **32328** Country: **U.S.A.**

4. FEI Number: **59-3717112**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BAIRD, MARY P
749 WEST GULF BEACH DRIVE
ST. GEORGE ISLAND FL 32328

7. Name and Address of New Registered Agent

Name: **Baird, Mary P**

Street Address (P.O. Box Number is Not Acceptable): **800 Akel Street**

City: **St George Island** FL Zip Code: **32328**

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: Mary P. Baird (NOTE: Registered Agent signature required when reinstating)

DATE: 5/1/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE	Member	<input type="checkbox"/> Delete
NAME	Mary P. Baird	
STREET ADDRESS	800 Akel Street	
CITY-ST-ZIP	St George Island, FL 32328	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Thomas A. Baird	
STREET ADDRESS	800 Akel Street	
CITY-ST-ZIP	St George Island, FL 32328	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Stephen G. Stamatinos	
STREET ADDRESS	c/o Saudi Aramco #194028, Box 6520	
CITY-ST-ZIP	Dharam Saudi Arabia 31311	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Deborah S. Stamatinos	
STREET ADDRESS	c/o Saudi Aramco #194028 Box 6520	
CITY-ST-ZIP	Dharam Saudi Arabia 31311	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Mahendra K Changela	
STREET ADDRESS	12563 Jessica Place	
CITY-ST-ZIP	Charlotte NC 28269	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Sudha M Changela	
STREET ADDRESS	12563 Jessica Place	
CITY-ST-ZIP	Charlotte NC 28269	

10. ADDITIONS/CHANGES

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	400004384234--9	
CITY-ST-ZIP	-06/08/01--01099--001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	*****55.00 *****55.00	
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: Mary P. Baird Mary P. Baird 5/1/01 (850)927-3048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #