

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

0025614

05-13-2002 90144 006 ****50.00

DOCUMENT # L00000006210

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

Principal Place of Business Mailing Address
800 AKEL ST. 800 AKEL ST.
ST. GEORGE ISLAND FL 32328 ST. GEORGE ISLAND FL 32328

2. Principal Place of Business 3. Mailing Address
49 West Pine 49 West Pine

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

Zip Country Zip Country
32328 USA 32328 USA

4. FEI Number **59-3717112** 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

BAIRD, MARY P
800 AKEL ST.
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)
49 West Pine
 City **St George Isl 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, Mary P Baird DATE **4/30/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM	<input type="checkbox"/> Delete
NAME	BAIRD, MARY P	
STREET ADDRESS	800 AKEL ST.	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	BAIRD, THOMAS A	
STREET ADDRESS	800 AKEL ST.	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	STAMATINOS, STEPHEN G	
STREET ADDRESS	#194028, BOX 6520 C/O SAUDI ARAMCO	
CITY-ST-ZIP	SAUDI ARABIA, 31311	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	STAMATINOS, DEBRA S	
STREET ADDRESS	#194028, BOX 6520 C/O SAUDI ARAMCO	
CITY-ST-ZIP	SAUDI ARABIA, 31311	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	CHANGELA, MAHENDRA	
STREET ADDRESS	12563 JESSICA PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28269	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	CHANGELA, SUDHA M	
STREET ADDRESS	12563 JESSICA PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28269	

10. ADDITIONS/CHANGES

TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRD, MARY P	
STREET ADDRESS	49 WEST PINE	
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	
TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRD, THOMAS A	
STREET ADDRESS	49 WEST PINE	
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	
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		
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** DATE **4/30/02** DAYTIME PHONE # **(850) 927-3925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CF2E083 (9/01)