

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90035 024 ****50.00

DOCUMENT # <u>L000000006662</u>					
1. Entity Name EASY MONEY OF PERDIDO KEY, LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 790 Suite, Apt. #, etc.		
City & State PERDIDO KEY, FL			City & State FOLEY, AL		
Zip Country		Zip Country		4. FEI Number 59-3690642	
36535		US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent.	
				Name STEPHEN B. SHELL	
				Street Address (P.O. Box Number is Not Acceptable) SEVILLE TOWER, 9TH FLOOR	
				226 SOUTH PALAFOX STREET	
				City PENSACOLA	
FL		Zip Code 32501			
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				DATE 4/15/03	
Signature, typed or printed name of registered agent and title if applicable.					
9. MANAGING MEMBERS/MANAGERS			FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER BRAD L. PATTERSON 1556 GULF SHORES PARKWAY GULF SHORES, AL 36542	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER DAVID J. BLANCHARD 2801 S. MCKENZIE STREET FOLEY, AL 36535	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER JOHN E. BLANCHARD 2801 S. MCKENZIE STREET FOLEY, AL 36535	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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:				DATE 4/15/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 257-9435075	

CR2E083B (12/02)