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FILED
Jun 05, 2002 8:00 am
Secretary of State

05-12-2002 90598 014 ****50.00

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

DOCUMENT # L000000007845
 1. Entity Name
GATHEN HOLDINGS, L.P. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
88 MARK ST.
 Suite, Apt. #, etc.

3. Mailing Address
88 MARK ST
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DESTIN, FL

City & State
DESTIN, FL

4. FEI Number
59-3657877

Applied For
 Not Applicable

Zip
32541

Country
OKMOUSA

Zip
32541

Country
OKMOUSA

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JAMES R GATHEN

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

City DESTIN FL Zip Code 32541

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 fee if applicable

DATE

FEE IS \$50.00

State Check Payable to Department of State
 DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MANAGING MEMBER
JAMES R GATHEN
88 MARK ST
DESTIN, FL 32541

TITLE
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**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/29/02

Date

850-650-4305

Daytime Phone #

JAMES R GATHEN

CR2E0838 (12/01)