FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90025 012 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007500

1. Entity Name

PARKWAY PROPERTIES OF GULF BREEZE LLC

938489

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Gulf Breeze, FL	3182 Gulf Breeze Parkwayy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze, FL	City & State
Zip: 32561-3248 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3658816 ☐ Applied For ☐ Not Applicable

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: Stephen R Moorhead

Street Address (P.O. Box Number is Not Acceptable): 4300 Bayou Blvd Suite 13

City: Pensacola FL Zip Code: 32503

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 _____ DATE

Signature: typed or printed name of registered agent and title if applicable.

FEE IS $60.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM Five Flags Inn Inc 299 Ft Pickens Rd Pensacola Beach, FL 32561
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM Cook, Karen 731 Pensacola Beach BLVD Pensacola Beach, FL 32561
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY ST ZIP	**IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

CR2E083B (12/01)

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: _____ 4/10/2002

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

FIVE FLAGS INN INC