

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000009126

FILED
Apr 08, 2003
Secretary of State

Entity Name: LUCILLE OF FLORIDA, L.L.C.

Current Principal Place of Business:

1015 VIZCAYA
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

5055 WEST COUNTY HIGHWAY 30A-1015 VIZCAYA
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

1015 VIZCAYA
SANTA ROSA BEACH, FL 32459

New Mailing Address:

P. O. BOX 2527
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3662533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, JOHN M
1015 VIZCAYA
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

POOLE, JOHN M
5055 WEST COUNTY HGIHWAY 30A-1015 VIZCAYA
SANTA ROSA BEACH, FL 32459 US

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:

04/08/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: POOLE, JOHN M
Address: 1015 VIZCAYA
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN M. POOLE

MGRM

04/08/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date