

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000009630

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: FAITH, LLC

**Current Principal Place of Business:**

2158 WESLEY ROAD  
YULEE, FL 32097

**New Principal Place of Business:**

2972 THUNDER ROAD  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

2158 WESLEY ROAD  
YULEE, FL 32097

**New Mailing Address:**

2972 THUNDER ROAD  
MIDDLEBURG, FL 32068

FEI Number: 59-3668949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWARD A. CAPLAN, ATTORNEY, P.A.  
3900 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BURKETT, J. GARY  
Address: 2158 WESLEY ROAD  
City-St-Zip: YULEE, FL 32097

Title: MGRM ( ) Delete  
Name: MARTINEZ, LUIS  
Address: 2158 WESLEY ROAD  
City-St-Zip: YULEE, FL 32097

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WATKINS, ANTHONY L MGRM  
Address: 2972 THUNDER ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM (X) Change ( ) Addition  
Name: MARTINEZ, LUIS E MGRM  
Address: 1338C INDEPENDENCE DR.  
City-St-Zip: ORANGE PARK, FL 32065

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: LUIS E. MARTINEZ

MGRM

04/30/2003

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