

2001 UNIFORM BUSINESS REPORT (UBR)

0024279 AF

DOCUMENT # L00000012984

1. Entity Name
BARAN'S COASTAL HOLDINGS, L.L.C.

FILED

01 FEB -5 PM 4:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**4264 WINTERS CHAPEL ROAD BLDG A
DORAVILLE GA 30360**

Mailing Address
**4264 WINTERS CHAPEL ROAD BLDG A
DORAVILLE GA 30360**

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2580711** Applied For Not Applicable

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

| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
|---|--|--|--|--|--|----------|--|
| WATSON, FRANKLIN H P.A. 5365 E. OCIUNTY HIGHWAY 30A, SUITE 105 SEAGROVE BEACH FL 32459 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | FL | | Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

| 9. MANAGING MEMBERS / MEMBERS | | | | 10. ADDITIONS / CHANGES | | | |
|-------------------------------|--|---------------------------------|--|-------------------------|--|---------------------------------|-----------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BARANOWSKI, DONALD S | | | NAME | | | |
| STREET ADDRESS | 4264 WINTERS CHAPEL ROAD BLDG A | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | DORAVILLE GA 30360 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: DONALD S. BARANOWSKI

1-30-2001 770-455-7009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)