11861 904-543-9650 Date Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

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

DOCUMENT # L0000013860  1. Entity Name CABBAGE CREEK, LLC						FILED 01 JAN 25 AM 10: 38			
Principal Plan	o of Business	Mailing Address				OT SHIP Z	O AFT	U: 38	
Principal Place of Business Mailing Address  109 TEAL NEST COURT 109 TEAL NEST COURT						SECRETAR	RY OF	STATE	
· ·	A BEACH FL 32082		ONTE VEDRA BEACH FL 32082			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					l				
2 Principal P	Place of Business	3. Mailing Address							
2. Principal Place of Business 3. M		ov manning records	· · · · · · · · · · · · · · · · · · ·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	e .	City & State			4. FEI N	ımber 1-3683181	•		plied For
7:-	Country	Zip	Coun	ter	59	1-2683181	•		t Applicable
Zip	Country	Ζίμ	Coun	u y	5. Certifi	cate of Status Desired		<b>5.00</b> Addes Require	
	6. Name and Address of Curre	ent Registered Agent		Nama		and Address of New Reg	istered Ag	ent	
	IOUN MOD	• * •	•	Name	<b>*</b> -	ئىي رەيىسى		<del></del> `	
	JOHN MCE. T. N.			Street Addres	ss (P.O. Box No	ımber is Not Acceptable)		i.	
333 FIRST									
	VILLE BEACH FL 32205			City			FL	Zip Cod	e
								<u> </u>	
8. The above	named entity submits this statement			ed office or regis			DATE		
8. The above		ent and title if applicable. (NC	OTE: Registere	d Agent signature requ	uired when reinstatin				
8. The above	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	OTE: Registere	d Agent signature requ	uired when reinstatin		DATE		
8. The above	Signature, typed or printed name of registered ag	rent and title if applicable. (NC FILE I Make Check F	NOW!!! Payable t	d Agent signature requ FEE IS \$50.0 o Departmen	uired when reinstatin	g)	DATE HANGES	Change	☐ Addition
8. The above SIGNATURE  9. TITLE NAME	Signature, typed or printed name of registered ag  MANAGING MEN  MGRM  GOODALL, HERBERT W	ent and title if applicable. (NO FILE I Make Check F	NOW!!! Payable t	d Agent signature required to the signature	uired when reinstatin	g)	DATE HANGES	☐ Change	Addition
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