

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**  
 03-05-2002 90005 008 \*\*\*\*50.00

**DOCUMENT # L00000013860**

1. Entity Name  
**CABBAGE CREEK, LLC**

Principal Place of Business Mailing Address  
**109 TEAL NEST COURT 109 TEAL NEST COURT**  
**PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3683181** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, JOHN MCE.**  
**333 FIRST N**  
**SUITE 305**  
**JACKSONVILLE BEACH FL 32205**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
**MGRM**  
**GOODALL, HERBERT W**  
 STREET ADDRESS  
**109 TEAL NEST COURT**  
 CITY-ST-ZIP  
**PONTE VEDRA BEACH FL 32082**

TITLE NAME ☐ Delete  
**MGRM**  
**WALKER, MICHAEL PRICE JR**  
 STREET ADDRESS  
**2506 LIBERTY LANE**  
 CITY-ST-ZIP  
**JACKSONVILLE BEACH FL 32250**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
**MGRM**  
**Walker, Michael Price Jr**  
 STREET ADDRESS  
**4007 Tropical Terrace**  
 CITY-ST-ZIP  
**Jacksonville Beach FL 32250**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** **Herbert W Goodall III**  
**MANAGER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/14/02** **904 543 9550**  
 Date Daytime Phone #

CR2E083 (9/01)