2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business Mailing Address 3-8468 EMERALD COAST PARKWAY SUITE 1201 DESTIN FL 32541 2. Principal Place of Business Suite (201) DESTIN FL 32541 2. Principal Place of Business Suite (201) DESTIN FL 32541 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State Current Registered Agent 7. Name and Address of New Registered Agent Signature, Syrace or Principal agent from the State of Florida. Signature, Syrace or Principal agent from the State of Florida. Signature, Syrace or Principal agent from the State of Florida. Signature, Syrace or Principal agent from the State of State of State of Florida. Signature, Syrace or Principal agent from the State of Florida. Signature, Syrace or Principal agent from the State of Florida. Signature, Syrace or Principal agent from the State of State of Florida. Signature, Syrace or Principal agent from the State of Florida. Signature, Syrace or Principal agent from the State of Florida. Signature, Syrace or Principal agent from the State of State o	į		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	 		
City & State City & State City & State City & State Country Country S. Certificate of Status Desired St	l l		
Zip Country Zip Country 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 Name GWIN, CURTIS H 36468 EMERALD COAST PARKWAY SUITE 1201 DESTIN FL 32541 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its significance Agent			
Signature Sign	_		
6. Name and Address of Current Registered Agent GWIN, CURTIS H 36468 EMERALD COAST PARKWAY SUITE 1201 DESTIN FL 32541 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its signature, typed or printed name of registered agent and title rapplicable. FILE IN W!!! FEE IS \$50.00 Make Check Pa able to Department of State 9. MANAGING MEMBERS/MEMBERS TITLE NAME GWIN, CURTIS H STREET ADDRESS 36468 EMERALD COAST PARKWAY SUITE 1201 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Title NAME STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	DIE		
GWIN, CURTIS H 36468 EMERALD COAST PARKWAY SUITE 1201 DESTIN FL 32541 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its signature. Signature. Signature, typed or printed name of registered agent and title required when reinstating) PL Zip Code FILE No. Will FEE IS \$50.00 Make Check Parable to Department of State MANAGING MEMBERS/MEMBERS TITLE NAME GWIN, CURTIS H STREET ADDRESS NAME STREET ADDRESS Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Delte Signature required when reinstating) DATE FILE N. Will FEE IS \$50.00 Make Check Parable to Department of State ITILE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			
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9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MGR GWIN, CURTIS H STREET ADDRESS 36468 EMERALD COAST PARKWAY SUITE 1201 Make Check Pa rable to Department of State 10. ADDITIONS/CHANGES Change Add	_		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify fo 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			