

FILED
May 24, 2002 8:00 am
Secretary of State

03-29-2002 91212 023 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014148

1. Entity Name

SUBURBAN LODGE OF NORTHWEST FLORIDA, L.L.C.

Principal Place of Business

909 MAR WALT DR., STE. 1014
FT WALTON BEACH, FL 32547

Mailing Address

909 MAR WALT DR., STE. 1014
FT WALTON BEACH FL 32547

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

58-2589745

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR WALT DR., STE. 1014
FT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

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 **MGRM** Delete
NAME **CHANDLER, BUTCH K**
STREET ADDRESS **1531 24TH STREET**
CITY-ST-ZIP **TUSCALOOSA AL 35401**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
NAME
STREET ADDRESS **3401 Greensboro Ave. #8**
CITY-ST-ZIP **TUSCALOOSA, AL. 35401**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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: **Butch Chandler**

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

3/5/02

Date

(205) 758-5033

Daytime Phone #

CFR2E083 (9/01)