

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000014356

FILED
Jan 21, 2002 8:00 AM
Secretary of State

Entity Name: CPMG, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

113 BETH LANE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

113 BETH LANE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3686836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYDOLPH III, PAUL
4942 US HWY 98 WEST, STE 5
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

MIDGETTE, MICHAEL T
113 BETH LANE
SANTA ROSA BEACH, FL 32459 US

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: MICHAEL T MIDGETTE

01/21/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: PRES () Delete
Name: MIDGETTE, MICHAEL T
Address: 113 BETH LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S T () Delete
Name: MIDGETTE, HETTIE B
Address: 113 BETH LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MIDGETTE, MICHAEL T
Address: 113 BETH LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM (X) Change () Addition
Name: MIDGETTE, HETTIE B
Address: 113 BETH LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL T MIDGETTE

MGR

01/21/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date