## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 11, 2002 8:00 am Secretary of State DOCUMENT # L0000015209 05-21-2002 91188 019 \*\*\*\*50 00 HERON HARBOR RESTAURANT, LLC Principal Place of Business Mailing Address 630 GRANDE BLVD., SUITE 100 630 GRANDE BLVD., SUITE 100 DESTIN FL 32550 DESTIN FL 32550 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3690352 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --7.- Name and Address of New Registered Agent Name HOWARD, KEITH Street Address (P.O. Box Number is Not Acceptable) 630 GRAND BLVD., SUITE 100 **DESTIN FL 32550** City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MEM TITLE ☐ Delete ☐ Change ☐ Addition MCS INVESTMENTS OF FLORIDA, INC. NAME STREET ADDRESS STREET ADDRESS 165 N. BELTLINE HWY CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608 MEM TITLE TITI F ☐ Delete Change ☐ Addition NAME PREMIER CAPITAL FUNDING, INC. NAME STREET ADDRESS STREET ADDRESS 165 N. BELTLINE HWY CITY-ST-ZIP CITY-ST-ZIP. MOBILE AL 36608 Delete TITI F TITLE MGRM □ Change Addition NAME NAME HOWARD, KEITH STREET ADDRESS STREET ADDRESS 630 GRANDE BLVD., SUITE 100 CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32550 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TiTI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED**