

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90121 006 ****50.00

DOCUMENT # L00000016342

1. Entity Name
SAVANNAH SPRINGS LLC



Principal Place of Business Mailing Address
8350 N.W. 52ND TERRACE, STE. 107 **8350 N.W. 52ND TERRACE, STE. 107**
MIAMI FL 33166 **MIAMI FL 33166**

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 **65-1116143** Applied For
Not Applicable

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

BABCOCK, CALVIN H
8350 N.W. 52ND TERRACE, STE. 107
MIAMI FL 33166

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABCOCK, CALVIN H		NAME		
STREET ADDRESS	8350 N.W. 52ND TERRACE, STE. 107		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, C. TERRY		NAME		
STREET ADDRESS	3705 COMMERCIAL WAY		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABCOCK, CHARLES I III		NAME		
STREET ADDRESS	2764 SUNSET POINT ROAD, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, ROBERT E		NAME		
STREET ADDRESS	2764 SUNSET POINT RD., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING CHARTER COMPANY		NAME	KING CHARTER CO.	
STREET ADDRESS	2125 WINDWARD WAY STE 200		STREET ADDRESS	2125 Windward Way Ste 200	
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP	Vero Beach Fl 32963	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **REQUIRED** Calvin H. Babcock **4-14-03** 305-599-2780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)