## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, PR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L0100002262

1. Entity Name

TRAWICK RIVER FRONT, L.L.C.



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90034 036 \*\*\*\*50.00

Suite, Apt. #, etc.   City & State   City & State   City & State   City & State   Country   Zip   Country   5, Certificate of Status Desired   \$5,00A    ### Street Address of Current Registered Agent   Name and Address of Current Registered Agent   Name   Name	20023464		
City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired See Required See Required Stroot Address of New Registered Agent  TRAWICK, JAMES L JR 1340 PINEY GROVE RD CHIPLEY FL 32428  City  FL  Zip CC  City  FL	81110 1101 1001		
Country   Zip   Country   S. Certificate of Status Desired   S5.00	CHECK HERE IF MAKING CHANGES		
S. Name and Address of Current Registered Agent  TRAWICK, JAMES L JR 1340 PINEY GROVE RD CHIPLEY FL 32428  City  FL Zip Co  City  FL Signature  City  FL Signature  City  FL City  FL Zip Co  City  FL City  F	pplied For lot Applicable		
TRAWICK, JAMES L JR 1340 PINEY GROVE RD CHIPLEY FL 32428  City  City  FL  Zip Cc  City  City  City  FL  Zip Cc  City  Ci	ditional		
TRAWICK, JAMES L JR 1340 PINEY GROVE RD CHIPLEY FL 32428  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cc  Charge  Charge  Charge  City  FL  Charge  Charge	7. Name and Address of New Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Cc  City  FL			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.    Signature   Signat			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.    SiGNATURE   Signature, typed or protect name of negistered agent and site if applicable. (NOTE Registered Agent signature reculted when rentatating)   DATE			
The obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and total a applicable. (NOTE: Registered Agent signature required when renetating)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  D. MANAGING MEMBERS / MANAGERS  ITHE  MGR  TRAWICK, JAMES L JR  STREET ADDRESS	e		
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1. 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			