

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90301 042 ****50.00

DOCUMENT # L01000003054

1. Entity Name

COMMONS DRIVE, L.L.C.



Principal Place of Business

Mailing Address

36008 EMERALD COAST PKWY., STE. 301
DESTIN FL 32541

36008 EMERALD COAST PKWY., STE. 301
DESTIN FL 32541

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 61-1385484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANSCUM, STEPHEN P
36008 EMERALD COAST PKWY., STE. 301
DESTIN FL 32541

Name

GRADY ELDER

Street Address (P.O. Box Number is Not Acceptable)

69 COUNTRY CLUB DRIVE EAST

DESTIN

City

DESTIN

FL

Zip Code
32541

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, type or printed name of registered agent and title if applicable.

Grady Elder

(NOTE: Registered Agent signature required when reinstating)

3/1/2003

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 MGRM ☐ Delete
NAME BRANSCUM, STEVE
STREET ADDRESS 36008 EMERALD COAST PKWY., SUITE 301
CITY-ST-ZIP DESTIN FL 32541

TITLE MGRM ☒ Change ☐ Addition
NAME STEPHEN P. BRANSCUM
STREET ADDRESS P.O. BOX 559 / KEY VILLAGE OFFICE PARK
CITY-ST-ZIP RUSSELL SPRINGS KY 42642

TITLE MGRM ☐ Delete
NAME TURNER, RON
STREET ADDRESS 1084 EAST NEW CIRCLE ROAD
CITY-ST-ZIP LEXINGTON KY 40505-4100

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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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: *Stephen P. Branscum* SIGNATURE REQUIRED Stephen P. Branscum

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

Date

Daytime Phone #

2-18-03 270-866-5107

CR2E083 (10/02)