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

## DOCUMENT # L0100003291

1. Entity Name

## MOUNT OXFORD DEVELOPMENT, LLC



FILED Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90037 029 \*\*\*\*50.00

Seaton Management of Seaton (Seaton Seaton S	Principal Place	ce of Busines:	3		Mailing Address									
Sullic, Apt. 4, etc.   CHECK HERE IF MAKING CHANCES	3580 TOWN CREEK SCHOOL ROAD			3	3580 TOWN CREEK SCHOOL ROAD BLAIRSVILLE GA 30512				[1 <b>188</b> ]	i <b>s</b> li <b>d</b> ii daldi kiayi gayi; a	18(() 88()) 8 <b>9</b> ())	<b>PAJAN</b> 1311 <b>A</b> 22 <b>0</b> 78	PB (84 478) (88)	
City & State	2. Principal Place of Business				3. Mailing Address									
City & State	Suite, Apt.	. #, etc.	·						CHECK HERE IF MAKING CHANGES					
Country	City & Stat	te					1	4. FEI Number 91-2120989			<b>├</b>			
Name and Address of Current Registered Agent	Zip	Zip Country			Zip	ntry		5. Certificate of Status Desired \$5.00 Additional						
Name		6. Name	and Address of Curre	nt Reg	jistered Agent			7	7. Name a	nd Address of Nev	v Registered	,		
HAGEN PALEN & CO CPAS 10181 SX MILE CYPRESS PKWY FORT MYERS FL 33912  6. 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. 1 em familier with, and accept the obligations of registered agent.  SIGNATURE    Signature		SEN 1414EG					Name			<del></del>	-	<del> </del>		
The above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am termitar, and accept the obligations of registered agent.  Signature  The above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am termitar, and accept the obligations of registered agent, or both, in the State of Florida. I am termitar, and accept the obligations of registered agent, or both, in the State of Florida gent, or both, in the State of Florida. I am termitar, and accept the obligations of registered agent, or both, in the State of Florida. I am termitar, and accept the obligations of registered agent, or both, in the State of Florida gent, or both, in the State of Florid	HAGEN PALEN. & CO CPAS :						- Street A	Address (P.C	D-Box Num	ber is Not Accepta	ble)			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    Signature												,		
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FILE NOW:   FEE IS \$50.00   Make Check Payable   Florida Department of State   Due   Way 1, 2003	SIGNATURE .		<u>.</u>											
9. MANAGING MEMBERS MANAGERS 10. ADDITIONS CHANGES  TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CIT		Signature, typed o	or printed name of registered age	ent and titl	tle if applicable. (NOTE	Registere	d Agent signati	ure required whe	en reinstating)		DATE			
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		ertify that the	information supplied wi	ith this t	filing does not swellfy for			nd in Cast	- 110 DZ/C	VO Florida Original				

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 yustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: