FILED
May 24, 2002 8:00 am
Secretary of State

04-30-2002 90136 021 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003487

1. Entity Name

PACE PROPERTY COMPANY, L.L.C.

Principal Place of Business	Mailing Address
24 WEST CHASE STREET PENSACOLA FL 32501	24 WEST CHASE STREET PENSACOLA FL 32501

86221

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
455 WOODBINGIRD	6140 ENFINGER RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PACE FL	City & State: PACE FL
Zip: 32571 Country: SANTA ROSA	Zip: 32571 Country: SANTA ROSA

4. FEI Number: 59-3711651 ☐ 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
LOZIER, DANIEL R 24 WEST CHASE STREET PENSACOLA FL 32501	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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT VANNERSON 6140 ENFINGER RD MANAGING MEMBER PACE FL 32571 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CARL W. GIBSON 5127 ROVE TRAIL MANAGING MEMBER PACE FL 32571 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JON W WACKER MANAGING MEMBER 12-45 TECUMSEH COURT PENSACOLA FL 32514 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: Robert Vannerson MORE REQUIRED 3/11/02 850-994-4895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #