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

## DOCUMENT # L0100003620

1. Entity Name

	A SERVICE OF THE PROPERTY OF T

**FILED** Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90231 029 \*\*\*\*50.00

PRINCIPAL PRICE OF Business  2. Principal Place of Business  3. Main April 4, etc.  City & State  Ci	MIXON GEORGIA GENERAL PARTNER, LLC										
Suite ADL #, etc.   Suite   City & State   Sales Desired   Soles Desired	1900 5TH STREET, N.W. POST OFFICE BOX 3036		036	•							
Suite ADL #, etc.   Suite   City & State   Sales Desired   Soles Desired											
City & State   City & State   City & State   City & State   Country   Sp. 27/99025   Applied For Not Applicable    Zip   Country   Zip   Country   Sp. Contribute of Status Desired   Sp. 57/99025   Not Applicable    Sp. 500 Additional   Sp. 500 Additional    For Special    For Special   S	2. Principal P	lace of Business	3. Mailing Address								
Zip Country Zip Country 5. Countr	Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named ently submits this statement for the purpose of changing its registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent, or both in the State of Forlida. I am familiar with, and accept the obligations of registered agent.  8. The above named ently submits this statement for the purpose of changing its registered agent of registered agent, or both in the State of Forlida. I am familiar with, and accept the obligations of registered agent.  8. The above named ently submits this statement for the purpose of changing its registered agent carbon, or both in the State of Forlida. I am familiar with, and accept the obligations of registered agent.  8. The above named ently submits this statement for the purpose of changing its registered agent, or both in the State of Forlida. I am familiar with, and accept the obligations of registered agent.  8. The above named ently submits this statement for the purpose of changing its registered agent, or both in the State of Forlida. I am familiar with, and accept the obligations of registered agent.  8. The above named ently submits this statement for the purpose of changing its registered agent, or both in the State of Forlida. I am familiar with, and accept the obligation in the State Debt in	City & State		City & State		4. FEI Num	ber <b>59-370902</b>	5	F—F	<del></del>	7	
BERTRAND, ROBERT I ONE LAKE MORTON DRIVE LAKE LAND FL 33801  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  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. I am farmiliar with, and accept the obligations or registered agent.  Signature	Zíp	Country	Zip	Country	,	5. Certifica	te of Status Desired		5.00 Ad	ditional	1
BERTIRAND, ROBERT J ONE LAKE MORTON DRIVE LAKE LAND FL 33801  City FL Zp Code  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, and accept the obligations of registered agent.  SIGNATURE  TILE NOW!!! FEE IS \$50,00  Make Check Payable to Florida Department of State  Due By May 1, 2003  TILE  MARAGING MEMBERS /MANAGERS 10. ADDITIONS/CHANGES  TILE  MIXON, GERALD M SR  SIRET AUDRESS  COTY-51-2P  TILE  MAKE  SIRET AUDRESS  COTY-51-2P		6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New R				₫.
ONE LAKE MORTON DRIVE LAKE LAND FL 33801    City   FL   Zip Code	ONE LAKE MORTON DRIVE			Name							
THE NAME STREET ADDRESS CHTY-ST-ZPP  THE NAME ST					Street Address (F	P.O. Box Num	ber is Not Acceptable				]
S. 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, and accept the obligations of registered agent.    Signature   Property   Prop	LAN	ELAND FE 33001					,				
SIGNATURE    Signature   Signa					City			FL	Zip Cod	le	1
Signature. In process of printing rangers and the explications. If ILLE NOW!!! FEE Is \$50.00    Make Check Payable to Florida Department of State Due by May 1, 2003   Make Check Payable to Florida Department of State Due by May 1, 2003   MANAGING MEMBERS/MANAGERS   10.			or the purpose of changing its r	registered	office or registere	ed agent, or b	ooth, in the State of Flo	rida. I am fa	ımiliar with,	and accept	1
S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE NAME NAME STREST ADDRESS CITY-ST-ZIP TITLE NAM	SIGNATURE .	<u> </u>			<del></del>					<del></del> .	ļ
9. MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHANGES  TITLE NAME SIRRET ADDRESS CITY-ST-2/P  TIT	<u> </u>	Signature, typed or printed name of registered agent				when reinstating)		DATE	<del></del>		$\frac{1}{1}$
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM MIXON, GERALD M SR STREET ADDRESS CITY-SI-ZP WINTER HAVEN FL 33861 CITY-SI-ZP CITY-SI			, , , , , , , , , , , , , , , , , , ,		•	nt of State					
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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.

Daytime Phone #