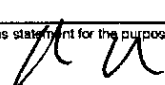
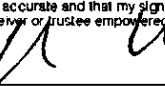


FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90156 007 ****50.00

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

DOCUMENT # L01000006390			
1. Entity Name BLANKENSHIP COGGIN INVESTMENTS, LLC			
Principal Place of Business 1301 SOUTH FIRST STREET UNIT 504 JACKSONVILLE BEACH, FL 32250 US		Mailing Address 1301 SOUTH FIRST STREET UNIT 504 JACKSONVILLE BEACH, FL 32250 US	
2. Principal Place of Business 2716 St. Johns Ave		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City JAX FL		City & State	
Zip 32205 Country		Zip Country	
4. FEI Number 59-3712841		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANKENSHIP, KIMBERLY A ESQ. 1300 MARSH LANDING PARKWAY SUITE 108 JACKSONVILLE BEACH, FL 32260		7. Name and Address of New Registered Agent Name Kimberly A. Blankenship Street Address (P.O. Box Number & Not Acceptable) 2716 St. Johns Ave City JAX FL Zip 32205	
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  DATE 2/27/03			
FEE NOW DUE: 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANKENSHIP, KIMBERLY A ESQ. 4301 SOUTH FIRST STREET, #504 JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2716 St. Johns Ave JAX FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COGGIN, CINDY S 1001 SOUTH FIRST STREET, #504 JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2716 St. Johns Ave JAX FL 32205
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes. SIGNATURE:  DATE 2/27/03 904-543-8665			

CR2E083 (10/02)