

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000007108

FILED
Sep 25, 2002
Secretary of State

Entity Name: GAVIN DEVELOPMENT LLC

Current Principal Place of Business:

400 NORTH CARPENTER ROAD
TITUSVILLE, FL 327962241 US

New Principal Place of Business:

PO BOX 189
TITUSVILLE, FL 32781 US

Current Mailing Address:

P.O. BOX 189
TITUSVILLE, FL 32781

New Mailing Address:

P.O. BOX 189
TITUSVILLE, FL 32781 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAVIN, THOMAS H
400 NORTH CARPENTER ROAD
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

GAVIN, THOMAS H
PO BOX 189
TITUSVILLE, FL 32781 US

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:

09/25/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GAVIN, THOMAS H
Address: PO BOX 6056
City-St-Zip: TITUSVILLE, FL 32782

Title: MGRM () Delete
Name: GAVIN, LAURIE L
Address: PO BOX 6056
City-St-Zip: TITUSVILLE, FL 32782

Title: MGRM () Delete
Name: GAVIN, DALE R
Address: PO BOX 6056
City-St-Zip: TITUSVILLE, FL 32782

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GAVIN, THOMAS H
Address: PO BOX 189
City-St-Zip: TITUSVILLE, FL 32781

Title: MGRM (X) Change () Addition
Name: GAVIN, LAURIE L
Address: PO BOX 189
City-St-Zip: TITUSVILLE, FL 32781

Title: MGRM (X) Change () Addition
Name: GAVIN, DALE R
Address: PO BOX 189
City-St-Zip: TITUSVILLE, FL 32781

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LAURIE GAVIN

MGRM

09/25/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date