

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-15-2002 90053 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008161
1. Entity Name
TOCCOA PROPERTIES, L.L.C.

Principal Place of Business
**2000 PGA BLVD., SUITE 2204
NORTH PALM BEACH FL 33408**

Mailing Address
**2000 PGA BLVD., SUITE 2204
NORTH PALM BEACH FL 33408**

91509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **65-1109635** 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

**WHITLEY, ROBERT B
2000 PGA BLVD., SUITE 2204
NORTH PALM BEACH FL 33408**

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 _____ (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 Delete
MANAGER
ROBERT B. WHITLEY
STREET ADDRESS
2000 PGA BLVD, SUITE 2204
CITY-ST-ZIP
NORTH PALM BEACH, FL 33408

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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 repolyer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Robert B. Whitley** **Manager** **June 25, 2002** **561-657-0011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)