

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90029 038 \*\*\*\*50.00

**DOCUMENT # L01000009007**

1. Entity Name

**JOHNS CREEK, LLC**



Principal Place of Business

**3020 HARTLEY ROAD  
SUITE 100  
JACKSONVILLE FL 32257**

Mailing Address

**3020 HARTLEY ROAD  
SUITE 100  
JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3722471**

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

**LEGLER, MITCHELL W  
300A WHARFSIDE WAY  
JACKSONVILLE FL 32207**

Name

**Clifford B. Newton**

Street Address (P.O. Box Number is Not Acceptable)

**10192 San Jose Boulevard**

City

**Jacksonville**

**FL**

Zip Code

**32257**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Delete  
NAME **TRI-STAR ASSOCIATES, LLC**  
STREET ADDRESS **3030 HARTLEY ROAD, SUITE 100**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Hutson Companies, L.L.C.**  
STREET ADDRESS **3020 Hartley Road, Suite 100**  
CITY-ST-ZIP **Jacksonville, Florida 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

**Donald P. Hinson, Mgr**

**3/8/03**

**904/262-7718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)