

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000010051

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** THE TWIN PALMS RESORT, LLC

**Current Principal Place of Business:**

502 HARMON AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

502 HARMON AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 62-1860722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, JACK G  
502 HARMON AVENUE  
PANAMA CITY, FL 32401

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HARBOUR, C.B. III  
Address: 4513 HIXSON PIKE, SUITE 108  
City-St-Zip: CHATTANOOGA, TN 37343

Title: MGRM ( ) Delete  
Name: HARBOUR, C.B. IV  
Address: 4513 HIXSON PIKE, SUITE 108  
City-St-Zip: CHATTANOOGA, TN 37343

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** C.B. HARBOUR, III

MGRM

04/30/2003

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