

1/21/

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 18, 2002 8:00 am
Secretary of State

01-21-2002 90019 050 ****50.00

DOCUMENT # L01000011718

1. Entity Name

STEAK PARTNERS, LLC

Principal Place of Business

**217 JOHN KNOX RD.
TALLAHASSEE FL 32303**

Mailing Address

**217 JOHN KNOX RD.
TALLAHASSEE FL 32303**

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

59-3731147

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, R. BRADFORD
217 JOHN KNOX RD.
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

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

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	R. BRADFORD PARKER	
STREET ADDRESS	217 JOHN KNOX ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	

TITLE	Director	<input type="checkbox"/> Delete
NAME	A.L. Buford, Jr.	
STREET ADDRESS	217 John Knox Rd.	
CITY-ST-ZIP	Tallahassee, FL 32303	

TITLE	Director	<input type="checkbox"/> Delete
NAME	A.L. Buford, III	
STREET ADDRESS	217 John Knox Rd.	
CITY-ST-ZIP	Tallahassee, FL 32303	

TITLE	Director	<input type="checkbox"/> Delete
NAME	Benjamin H. Wilkinson, Jr.	
STREET ADDRESS	217 John Knox Rd.	
CITY-ST-ZIP	Tallahassee, FL 32303	

TITLE	Director	<input type="checkbox"/> Delete
NAME	Bryan Cureton	
STREET ADDRESS	217 John Knox Rd.	
CITY-ST-ZIP	Tallahassee, FL 32303	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)