

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90126 002 \*\*\*\*50.00

DOCUMENT # L01000011736

1. Entity Name

*Sowhatchee Properties, LLC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1758 River Birch Hollow*

Suite, Apt. #, etc.

3. Mailing Address

*1758 River Birch Hollow*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Tallahassee FL*

City & State

*Tallahassee FL*

Zip

*32308*

Country

*USA*

Zip

*32308*

Country

*USA*

4. FEI Number

*59-3734499*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Cameron Kee Morse*

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

*1758 River Birch Hollow*

City

*Tallahassee*

*FL*

Zip Code *32308*

**DO NOT WRITE  
IN THIS SPACE**

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

*Cameron Kee Morse*

Signature, typed or printed name of registered agent and title if applicable.

*4/30/02*

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<i>Managing Partner</i>	<i>Cameron Kee Morse</i>	<i>1758 River Birch Hollow</i>				
		<i>Tallahassee, FL</i>	<i>32308</i>				

**DO NOT WRITE  
IN THIS SPACE**

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:

*Cameron Kee Morse*

*4/30/02*

*425-8607*

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

Date

Daytime Phone #

CR2E083B (12/01)