2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business 80 N. CALHOUN ST. 10 N. CANHOUN ST. 10 N. CALHOUN ST. 10				- 1-	,					
Fire Now In State Of Business Son No. CALHOUR ST. ALLAMASSEE FI. 2020 2. Principal Place of Business Suite. Aprl. F. etc. Cry & State	DOCUMENT # L01000014682						FILE	D		
ALAM-SSEE F. 3203 2. Principal Pisce of Business 3. Mailing Address Suite, Apt. 4, etc. Chry & State Chr	BROOKWO	OOD GARDENS CONVALES	ENT CENTER OPERATIONS			03 APR -2	AM 10: 45			
ALAM-SSEE F. 3203 2. Principal Pisce of Business 3. Mailing Address Suite, Apt. 4, etc. Chry & State Chr	Principal Plac	ce of Business	Mailing Address	Mailing Address			GEODETARY OF STATE			
Suite, Apt. 4, etc. GHECK HERE IF MAKING CHANGES	003 N. CALHOUN ST. FALLAHASSEE FL 32303						TALLAHASSEE	, FLORIDA		
Suite, Apt. 4, etc. GHECK HERE IF MAKING CHANGES										
City & State Country Zip Country Zip Country S. Certificate of Sitatus Desired S. S.00 Acadiorous Note Applicable Note	2. Principal F	Place of Business	3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required 8. Name and Address of Current Registered Agent	Suite, Apt.	.#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent North North North North North Streat Address (PO 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 Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Stream Address (PO Box Number is Not Acceptable) FLE NOW!!! FEE Is \$50.00 Make Check Payable to Pinted Department of State Department of Stat	City & State		City & State			4. FEI Nun	hber 65-1133496	-		
MACK, THEODORE E 803 N. CALHOUN TALLAHASSEE FI. 32303 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City City FL Zip Code City City City City FL Zip Code City City City City City City City City	Zip	Country	Zip	Cour	ntry	5. Certifica	ite of Status Desired			
MACK, THEODORE E 803 N. CALHOUN TALLAHASSEE FI, 32303 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. I am familiar with, and accept the obligations of registered agent admits a applicable. 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. 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. 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. 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. 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 change of Florida Department of State of Florida Department of State or State or Registered agent. 9.		6. Name and Address of Curre	nt Registered Agent		Morne	7. Name a	nd Address of New Re	gistered Agent		
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. I am familiar with, and accept the obligations of registered agent and the floridate part of the purpose of changing its registered diffice or registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the floridate part and the floridate. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make Check Payable to Floridate Department of State Due By May 1, 2003 Make C	MAC	K, THEODORE E						-Mu		
8. The above named entity submits this statament for the purpose of changing its registered affice or registered agent, or both, in the State of Portda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. REFLE 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 THE MACK, THEODORE STRET ADDRESS STRET ADDRESS STRET ADDRESS OTY-ST-2P TALLAHASSEE FL 32303 THE MAGR HINSON, JERRY W STRET ADDRESS STRET ADDRESS OTY-ST-2P TALLAHASSEE FL 32303 OTY-ST-			•		Street Address	s (P.O. Box Num	ber is Not Acceptable)			
SIGNATURE Signature, typead or printed name of registered agent and table is applicable. (NOTE happetered Agent signature required when retreating) DATE				•	City			FL Z	ip Code	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Floridad Department of State			t for the purpose of changing its	s register	red office or regist	tered agent, or t	ooth, in the State of Flor	ida. I am familia	ir with, a	and accept
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	SIGNATURE	Circles de la constant de la constan	Louis Sanction (ALO)	T. D						
9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES TITLE MACK, THEODORE 903 N. CALHOUN ST. STREET ADDRESS OTHY-ST-ZIP TALLAHASSEE FL 32303 OTHY-ST-ZIP TALLAHASSEE F	•	Signature, typed or printed name or registered ag	T it					DAIE		
Due By May 1, 2003			l i							
### BODITIONS/CHANGES ### MANAGING MEMBERS/MANAGERS ### MANAGERS ##			1 5		•	ient of State				
MGR MACK, THEODORE SAOS N. CALHOUN ST. CITY-ST-ZIP TITLE MGR HINSON, JERRY W STREET ADDRESS OTY-ST-ZIP TALLAHASSEE FL 32303 TITLE MGR HINSON, JERRY W STREET ADDRESS OTY-ST-ZIP TALLAHASSEE FL 32303 TITLE MGR HINSON, JERRY W STREET ADDRESS OTY-ST-ZIP TALLAHASSEE FL 32303 TITLE MGR JANSENIUS, ANNETTE B STREET ADDRESS OTY-ST-ZIP TITLE MGR MGR JANSENIUS, ANNETTE B STREET ADDRESS OTY-ST-ZIP TALLAHASSEE FL 32303 TITLE MGR	9	MANAGING MEM			<u> </u>		ADDITIONS /	CHANGES		
MACK, THEODORE 803 N. CALHOUN ST. TALLAHASSEE FL 32303 TITLE MAME MARE MINSON, JERRY W 803 N. CALHOUN ST. TALLAHASSEE FL 32303 TITLE MINSON, JERRY W 803 N. CALHOUN ST. TALLAHASSEE FL 32303 TITLE MGR JANSENIUS, ANNETTE B 803 N. CALHOUN ST. TALLAHASSEE FL 32303 TITLE MGR JANSENIUS, ANNETTE B 803 N. CALHOUN ST. TALLAHASSEE FL 32303 TITLE MGR JANSENIUS, ANNETTE B 803 N. CALHOUN ST. TALLAHASSEE FL 32303 TITLE MGRM JANSENIUS, ANNETTE B 803 N. CALHOUN ST. TALLAHASSEE FL 32303 TITLE MGRM MAME STREET ADDRESS CITY-ST-2IP TALLAHASSEE FL 32303 Delete TITLE MAME STREET ADDRESS CITY-ST-2IP TITLE MAME							ADDITIONO		 Change	
TITLE MGR Delete TITLE MGR MGR MAME MAM	NAME		00.00	NAN	/E					
TITLE MGR Delete TITLE MAME STREET ADDRESS O4/02/0301057016 ***50.00 TITLE MGR Delete TITLE MGR Delete TITLE DAME Delete TITLE MGR Delete TITLE MGRM Delete TITLE DElete TITLE MGRM Delete TITLE MGRM Delete TITLE Delete TITLE Delete TITLE MGRM Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete	STREET ADDRESS			STR	EET ADDRESS					
HINSON, JERRY W STREET ADDRESS CITY-ST-ZIP MGR MGR MGR MGR MGR MAME JANSENIUS, ANNETTE B STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE MGRM HOMESTREAD RE, LLC. 8031N. CALHOUN ST. CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME HOMESTEAD RE, LLC. 8031N. CALHOUN ST CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TIT	CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY	(-ST-ZIP	·				
STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 TITLE MARE JANSENIUS, ANNETTE B STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 TITLE MARE JANSENIUS, ANNETTE B 803 N. CALHOUN ST. CITY-ST-ZIP TALLAHASSEE FL 32303 TITLE MARE HOMESTEAD RES, CITY-ST-ZIP TALLAHASSEE FL 32303 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C	TITLE		☐ Delete	TITL	.E			_	•	_
TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE MGRM HOMESTEAD RE, L.L.C. STREET ADDRESS CITY-ST-ZIP TITLE MGRM HOMESTEAD RE, L.L.C. 8031N. CALHOUN ST CITY-ST-ZIP TITLE MGRM HOMESTEAD RE, L.L.C. 8031N. CALHOUN ST CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-S	NAME				1		600015	1780	86	I
TITLE MGR Delete TITLE NAME JANSENIUS, ANNETTE B 803 N. CALHOUN ST. CITY-ST-ZIP TITLE MGRM Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME HOMESTEAD RE, L.L.C. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD						04	/02/030109	57016	**50).00
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAGRM HOMESTEAD RE, L.L.C. 803 IN. CALHOUN ST TALLAHASSEE FL 32303 TITLE NAME STREET ADDRESS CITY-ST-ZIP TI			——————————————————————————————————————	-						[] Addition
STREET ADDRESS CITY-ST-ZIP TITLE MGRM HOMESTEAD RE, L.L.C. 8031N. CALHOUN ST TALLAHASSEE FL 32303 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES			□ Uelete					LJ (nange	L Audition
CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE MGRM HOMESTEAD RE, L.L.C. 8031N. CALHOUN ST CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT	STREET ADDRESS				1					
MGRM Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 Delete TITLE Delete TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE	CITY-ST-ZIP	•		CITY	r-St-Zip					
NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	TITLE		☐ Delete	TITL	.E				hange	Addition
CITY-ST-ZIP TALLAHASSFE FL 32303 CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N	NAME ·	HOMESTEAD RE, L.L.C.		NAM	AE					
TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITYLE NAME STREET ADDRESS CITY-ST-ZIP 11. 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	STREET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY	/-ST-ZIP	<u>. </u>				
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP To harge Addition NAME STREET ADDRESS CITY-ST-ZIP Thereby 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	TITLE		☐ Delete		í				:hange	Addition
CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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	NAME STREET ANDRESS									
TITLE 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										
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				-				——————————————————————————————————————	hance	
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			∟ Uelete						папуе	
CITY-ST-ZIP CITY-ST-ZIP 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					l					
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the	CITY-ST-ZIP									
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the	11. I hereby	certify that the information supplied w	vith this filing does not qualify for	r the exe	emption stated in 5	Section 119.07/:	3)(i), Florida Statutes 11	urther certify the	at the in	formation
	indicated	on this report is true and accurate a	nd that my signature shall have	the same	e legal effect as if	made under oa	th: that I am a managir	ng member or n	nanager	of the

SIGNATURE: SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date