2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L01000014693					I the healer					
1. Entity Nam	RE, L.L.C.				03 APR -2 AM 10: 1,4					
	•			The state of the s	′	ČE/ODETA FA	/ ("M" 12")	4.T.F		
Principal Place of Business		Mailing Address	Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
903 N. CALHOUN ST		803 N. CALHOUN ST	803 N. CALHOUN ST			I/ TELE/TI I/NOUE	· .	חטו		
TALLAHASSEE	FL 32303	TALLAHASSEE FL 32303								
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.			-				
outo, vp. II., oto.		Gollo, Apt. #, etc.	oute, ript. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Nun	nber 65-6381336		_ 	plied For	7
Zip Country		Zip	Coun	ntrv	-				t Applicable	4
				10 y	5. Certificate of Status Desired			ee Require		
	6. Name and Address of Curren	t Registered Agent			7. Name a	nd Address of New Re	gistered Ag	ent]
MAC	K, THEODORE E			Name						
	N. CALHOUN ST.			Street Address	s (P.O. Box Num	ber is Not Acceptable)				1
TALL	LAHASSEE FL 32303							4		┨
			•	- 0:4		·		T 35: 0-4		4
				City			FL	Zip Code	e 	_
	named entity submits this statement it ions of registered agent.	for the purpose of changing i	its register	ed office or regist	tered agent, or t	ooth, in the State of Flori	da. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	et and title it applicable. (All	OTE: Posistors	ed Agent signature requi	rad when spinstning	<u></u>	DATE			
	Signature, types or printed marile or registered ages	1/			<u> </u>	<u></u>	DAIL			1
		Make Check Paya		FEE IS \$50.00 orida Denastro						
		· · · · · · · · · · · · · · · · · · ·		ay 1, 2003	iciti di diate					
9.	MANAGING MEME	L : BERS/MANAGERS	10.			ADDITIONS/C	HANGES	 .		1
TITLE	MGR	☐ Delete	TITLE	E			[Change	☐ Addition	[8]
NAME	MACK, THEODORE E 803 N. CALHOUN ST. TALLAHASSEE FL 32303		NAM	-						CR2E083 (10/02)
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP						88
TITLE	MGR	□ Delete						Change	Addition	윊
NAME	HINSON, JERRY W	□ Detete	TITLS NAM	i					C Addition	0
STREET ADDRESS	803 N. CALHOUN ST.			EET ADDRESS	Ω4.	700015 1 /02/0301057	և ք″ք″ ∎ Կ	r.⊐rr **50,	ព្យ	
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY	'-ST-ZIP	U4/	02/05-01031				- 30 4
TITLE	MGR JANSENIUS, ANNETTE B	☐ Delete	TITLE					_ Change	Addition Addition	
NAME STREET ADDRESS	803 N. CALHOUN ST.		NAM STRE	EET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32303			-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE	E				Change	Addition	1
NAME	BROOKCOURT, L.L.C.		NAM	-						
STREET ADDRESS CITY-ST-ZIP	803 N. CALHOUN ST.			EET ADDRESS -ST-ZIP						
	TALLAHASSEE FL 32303								- Addition	-
TITLE NAME		☐ Delete	TITLE				L	_ Change	☐ Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP	·		CITY	-ST-ZIP						1
TITLE	,	☐ Delete	TITLE	1				Change	☐ Addition	
NAME STREET ADDRESS			NAMI STRF	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
11. I hereby o	ertify that the information supplied wit	th this filing does not qualify f	or the exer	mption stated in \$	Section 119.07(3	B)(i), Florida Statutes. I fo	urther certify	that the ir	formation	1
indicated	on this report is true and accurate and bility company or the receiver or truste	d that my signature shall hav	e the same	e legal effect as if	made under oa	th; that I am a managin	ig member d	r managei	r of the	

SIGNATURE: SIGNATURE AND PPED OR PRINTENAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Phone #