

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000015914

FILED
Aug 09, 2002
Secretary of State

Entity Name: MIXON PROPERTIES, L.L.C.

Current Principal Place of Business:

769 NORTH BEAL PKWY.
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

769 NORTH BEAL PKWY.
FORT WALTON BEACH, FL 32547

New Mailing Address:

255 SLEEPY OAKS LANE
FORT WALTON BEACH, FL 32548

FEI Number: 59-3746943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT FOSTER, WILLIAM
909 MAR WALT DR., STE. 1014
FORT WALTON BEACH, FL 32547 US

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: MIXON, JOHN R
Address: 769 NORTH BEAL PKWY.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: MIXON, PATRICIA J
Address: 769 NORTH BEAL PKWY.
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MIXON, JOHN R
Address: 255 SLEEPY OAKS LANE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM (X) Change () Addition
Name: MIXON, PATRICIA J
Address: 255 SLEEPY OAKS LANE
City-St-Zip: FORT WALTON BEACH, FL 32548

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: JOHN R. MIXON

MGRM

08/09/2002

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