## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # L01000016302

1. Entity Name

SIGNATURE:

COFFEE POND, LIMITED LIABILITY COMPANY (L.L.C.)

			GOD WE T							
Principal Place of Business		Mailing Address								
475 RIFLE RAN BARTOW FL 33		P.O. BOX 815 BARTOW FL 33831			•					
					) <b>41/8</b> ) (1 <b>1/1</b> ) <b>51</b> /1) <b>51</b> /1/ <b>11/</b> 1/ <b>11</b>	<b>1</b>	190 (101 (101)			
2. Principal F	Place of Business	3. Mailing Address				<b>i</b> 11 <b>210 dila 1</b> 1111 <b>di</b>				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
	10-3-5-7	City & State		4. FEI Number	4. FEI Number 59-3727083 Applied For Not Applied					
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	\$5.00 Add	ditional			
	6. Name and Address of Current F	legistered Agent		7. Name and A	Address of New Register	red Agent				
			Name							
BREWER, WALTER L 2548 SW CR 760 ARCADIA FL 34266			Street Ado	Street Address (P.O. Box Number is Not Acceptable)						
. •		City	City FL Zip Code							
the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or re	egistered agent, or both	, in the State of Florida.	am familiar with,	and accept			
SIGNATURE	Signature, typed or printed name of registered agent are	nd title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	DA	Œ				
	•	Make Check Payab	OW!!! FEE IS \$50 le to Florida Depa v September 24, 20	rtment of State						
9.	MANAGING MEMBER	RS/MANAGERS 10.			ADDITIONS/CHAN	GES				
TITLE NAME	MGR KING, M. LEWIS	☐ Delete	TITLE NAME			☐ Change	☐ Additio			
STREET ADDRESS CITY-ST-ZIP	475 RIFLE RANGE RD BARTOW FL 33830		STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition			
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## **FILED** Jul 18, 2003 8:00 am Secretary of State

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	6. Name	and Address of Curre	nt Register	ed Agent			7. Nai	7. Name and Address of New Registered Agent					
BREWER, WALTER L					Name								
2548 SW CR 760 Arcadia FL 34266						Street Address (P.O. Box Number is Not Acceptable)							
						City FL Zip Code							
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SIGNATURE	Signature, typed o	r printed name of registered ag	ent and title if app	olicable. (NOT	E: Registere	d Agent signature requ	ulred when reinst	tating)		DATE			
FILE NOW!!! FEE IS Make Check Payable to Florida Due By September 2						orida Departn	ment of St	ate					
•		MANAGING MEM	IDEDC /MAN						ADDITIONS/0	CHANCE			
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indicated	on this report		nd that my si	ignature shall have:	the same	legal effect as	if made und	er oa	B)(i), Florida Statutes. I this that I am a managina Statutes.				

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