

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90192 017 \*\*\*\*55.00

**DOCUMENT # L01000017220**

1. Entity Name

**GEORGIA FLORIDA PROPERTIES, LLC**

Principal Place of Business

5109 ROCCO RD.  
 MICCOSUKEE FL 32309

Mailing Address

P.O. BOX 91012  
 MICCOSUKEE FL 32309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

450472435

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROMARTIE, TOM**  
**5109 ROCCO RD.**  
**MICCOSUKEE FL 32309**

Name

Tom Cromartie

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

14038 Rococo Rd

City

Miccosukee

FL

Zip Code

32309

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

*Tom H. Cromartie*

Tom H. Cromartie

4-23-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
 MGR  
 Tom Cromartie  
 14038 Rococo Rd  
 miccosukee FL 32309

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
 MGR  
 Johnny Petrandis  
 1176 Capital Cir NE  
 Tallahassee FL 32308

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Tom H. Cromartie*

Tom H. Cromartie

4-23-02

850-933-8000

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

Date

Daytime Phone #

CR2E083 (9/01)