

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 30, 2002 8:00 am Secretary of State DOCUMENT # L01000017681 04-30-2002 90133 031 ****50.00 1. Entity Name BENNETT PROPERTIES, L.L.C. Principal Place of Business Mailing Address 3402 APALACHEE PARKWAY 3402 APALACHEE PARKWAY 89667 TALLAHASSEE FL 32311 Tallahassee FL 32311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 40 - PO25/// City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENNETT, JIMMY R Street Address (P.O. Box Number is Not Acceptable) 3402 APALACHEE PARKWAY TALLAHASSEE FL 32311 City 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. SIGNATURE (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 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition <u>6</u> NAME BENNETT, JIMMY R NAME 3R2E083 STREET ADDRESS 3402 APALACHEE PARKWAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-78 TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP nne-~ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE Delete TITLE ☐ 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 cath; 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PROJET NAME OF BIGNING MA

NAME

STREET ADDRESS

CITY-ST-ZIP

G MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

4=18-02

Daytime Phone 4