

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90583 003 \*\*\*150.00

**DOCUMENT # L01000019107**

1. Entity Name

**MARDON 1, LLC**



Principal Place of Business

**2806 FIRST STREET SOUTH  
JACKSONVILLE BEACH FL 32250**

Mailing Address

**2806 FIRST STREET SOUTH  
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

**24726 Misty Lake Dr**  
Suite, Apt. #, etc.

3. Mailing Address

**24726 Misty Lake Dr**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Ponte Vedra Beach FL**

City & State

**Ponte Vedra Beach FL**

4. FEI Number

**APPLIED FOR**  
**80-0046017**

Applied For

☐ Not Applicable

Zip

**32082**

Country

**USA**

Zip

**32082**

Country

**USA**

5. Certificate of Status Desired

☐

**\$5.00 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**HUTCHINS, ROBERT J  
400 NORTH WYMORE ROAD  
SUITE 110  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

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

**24726 Misty Lake Dr**

City

**Ponte Vedra Beach**

**FL**

Zip Code

**32082**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**Christopher D West**

(NOTE: Registered Agent signature required when reinstating)

**4-30-03**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **WEST, CHRISTOPHER D**  
STREET ADDRESS **2806 FIRST STREET SOUTH**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

10. ADDITIONS/CHANGES

☒ Change ☐ Addition  
TITLE **MGR** ☐ Delete  
NAME **WEST, CHRISTOPHER D**  
STREET ADDRESS **24726 Misty Lake Dr**  
CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

**Christopher D West**

**4/30/03**

**901-610-1002**

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

Date

Daytime Phone #

CR2E083 (10/02)