

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000019704

FILED
Apr 08, 2002 8:00 AM
Secretary of State

Entity Name: COLUMBIA FARRAGUT, LLC

Current Principal Place of Business:

P.O. BOX 1085
PALM HARBOR, FL 34682

New Principal Place of Business:

1421 COLUMBIA AVENUE
PALM HARBOR, FL 34683

Current Mailing Address:

P.O. BOX 1085
PALM HARBOR, FL 34682

New Mailing Address:

P.O. BOX 1085
PALM HARBOR, FL 346821085

FEI Number: 59-3755634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HARTNEY, ELIZABETH A MS.
Address: PO BOX 1085
City-St-Zip: PALM HARBOR, FL 346821085

Title: MGRM () Change (X) Addition
Name: PRESTON, PAUL D MR.
Address: PO BOX 1085
City-St-Zip: PALM HARBOR, FL 346821085

Title: MGRM () Change (X) Addition
Name: FOERDERER, ALICE M MS.
Address: PO BOX 1085
City-St-Zip: PALM HARBOR, FL 346821085

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: PAUL D. PRESTON

MGRM

04/08/2002

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