

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
02 APR 30 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 101000020289  
1. Entity Name  
One Hundred Horsemen LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1543 SAN LOUIS RD</u>		3. Mailing Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>TALL. FL</u>		City & State	
Zip <u>32304</u>	Country <u>LEON</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number			Applied For
				Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
	7. Name and Address of Current Registered Agent			
Name <u>John R. Fletcher, Jr.</u>		Street Address (P.O. Box Number is Not Acceptable) <u>1543 San Luis Rd</u>		
City <u>Tallahassee</u>		FL	Zip Code <u>32304</u>	

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

**FEE IS \$50.00**  
Make Check Payable to Department of State  
**DUE BY MAY 1**

800005432188--2  
-05/03/02--01012--006  
\*\*\*\*400.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Jerry R. Fletcher, Jr</u> <u>1543 SAN LOUIS RD</u> <u>TAL, FL 32304</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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] Jerry R. Fletcher 4/30/02 386 380-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)