

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

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90011 003 ****50.00

DOCUMENT # L01000021479

1. Entity Name
THE MILLHORN LAW FIRM, L.L.C.

DO NOT WRITE IN THIS SPACE

929348

2. Principal Place of Business
13710 U.S. Highway 441
Suite, Apt. #, etc.
Suite 100
City & State
Lady Lake FL
Zip
32159
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
22-3849762
Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MICHAEL D MILLHORN
Street Address (P.O. Box Number is Not Acceptable)
13710 U.S. Hwy 441
Suite 100
City
Lady Lake FL Zip Code
32159

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MICHAEL D MILLHORN 13710 U.S. Hwy 441, Suite 100 Lady Lake, FL 32159 |
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E083B (12/01)

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: Michael D Millhorn Owner 2/12/02 352 753 9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #