

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

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90022 013 ****50.00

DOCUMENT # L01000022152

1. Entity Name
BAYOU LANDINGS LLC

951628

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1234 Airport Rd. Suite, Apt. #, etc. Suite # 215 City & State Destin, FL Zip 32541 Country USA		3. Mailing Address 1234 Airport Road Suite, Apt. #, etc. Suite # 215 City & State Destin, FL Zip 32541 Country USA	
--	--	---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number #59-3581311	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Richard Olson
Street Address (P.O. Box Number is Not Acceptable) 1234 Airport Road, Suite 215
City Destin FL Zip Code 32541

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 4/24/02

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	Member Olson & Associates of, NW Florida, Inc. 1234 Airport Road, Suite #215 Destin, Florida 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Terry Dan 8620 Trinity Road, Suite 101 Cordova, Tennessee 38018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Tom Schaffler 5170 Sanderlin Ave., Suite 201 Memphis, TN 38117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/24/02 850-650-2858
Date Daytime Phone #

CR2E083B (12/01)