

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000022257**

1. Entity Name

**LATRELLE M. MADDOX, L.L.C.**

FILED

02 OCT -9 PM 5:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**99943**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>8 JUNIPER CT AMELIA ISLAND FL 32034</b>		Mailing Address <b>8 JUNIPER CT AMELIA ISLAND FL 32034</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>254-62-9349</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>AKEL, EDWARD C SUITE 2301 ONE INDEPENDENT DR JACKSONVILLE FL 32202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MADDOX, LATRELLE M 8 JUNIPER CT AMELIA ISLAND FL 32034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Latrell M. Maddox</b>		Date: <b>9-23-02</b> Daytime Phone: <b>904-261-7661</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2E083 (4/02)