

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90184 015 *****55.00

DOCUMENT # L02000002026

1. Entity Name

PREBLE RISH & ASSOCIATES ISLAND PROPERTIES LLC



Principal Place of Business

**401 REID AVENUE
PORT ST. JOE FL 32456**

Mailing Address

**401 REID AVENUE
PORT ST. JOE FL 32456**

2. Principal Place of Business

301 E. 1st St., 3rd Floor

3. Mailing Address

P.O. Box 639

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

City & State

Port St. Joe, FL

4. FEI Number

02-0589874

Applied For

Not Applicable

Zip

32456

Country

USA

Zip

32457

Country

USA

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GIBSON, THOMAS S
206 E. FOURTH STREET
PORT ST. JOE FL 32456**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RISH, RALPH P 401 REID AVENUE PORT ST. JOE FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREBLE, GREGORY S 401 REID AVENUE PORT ST. JOE FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 639 Port St. Joe, FL 32457	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 639 Port St. Joe, FL 32457	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ralph P. Rish* REQUIRED

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

4/29/03

(850) 227-7200

Date

Daytime Phone #

CR2E083 (10/02)