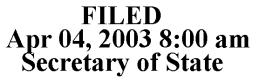
2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004237



1. Entity Nam							04-04-2003 9	0004 03	33 ****50.	00
Principal Plac		Mailing Address		1						
616 BAYCLIFF ROAD GULF BREEZE FL 32561		616 BAYCLIFF ROAD GULF BREEZE FL 32561								
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Numb	. <u>.</u> +		<u> </u>	opiled For ot Applicable
Zip	Country	Zip	Zip Coun		trv		ate of Status Desired		\$5.00 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent	red Agent Name			7. Name and Address of New Registered Agent				
RAINWATER, CRAWFORD JR. 616 BAYCLIFF ROAD					ddress (P	O. Box Numb	er is Not Acceptable	·)		
GUL	F BREEZE FL 32561									
				City				FI	Zip Cod	e
	named entity submits this statemen ons of registered agent.	t for the purpose of changing i	ts register	ed office or	registere	d agent, or bo	th, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TF: Registere	d Agent signati	ure required y	vhen reinstating)		DATE		
				FEE IS \$						
		Make Check Paya		-		t of State				
				ay 1, 200	3		· ·	<u></u>		
9. TITLE	MANAGING MEM	BERS/MANAGERS Delete	10.		MGR	m	ADDITIONS/		S Change	Addition
NAME	RAINWATER, CRAWFORD JR.		NAM	1	RAT	nwater	, CRAWFOR	d In,	I Change	E Audition
STREET ADDRESS 616 BAYCLIFF ROAD				ET ADDRESS	616	Bayclif	ቲ ሄላ			'
CiTY-ST-ZIP	GULF BREEZE FL 32561			-ST-ZIP	Gal	Breez	c, FL. 325	5 1	Clobanas	C) Addition
TITLE NAME		☐ Delete	TITL! NAM						Change	Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP	_	<u></u>				
TITLE NAME		☐ Delete	TITLI NAM						Change	Addition
STREET ADDRESS				ET ADDRESS						(
CITY-ST-ZIP			CITY	- ST-ZIP						
TITLE		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	E }					Change	☐ Addition
NAME CYPECT ADDRESS			NAM							ļ
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						}
TITLE		☐ Delete	TITLE					·	☐ Change	☐ Addition
NAME			NAM	í						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	ortify that the information appelled :	ith this filing deep not asset is		-ST-ZIP	od in Co	tion 110 07/01	(i) Florida Cratica		metik , ala e t ali 1	
indicated	ertify that the information supplied won this report is true and accurate a	nd that my signature shall have	e the same	e legal effec	ed in Sec	ide under oath	ין, רוטווטא Statutes. I ין that I am a manag	iuriner ce ing memb	rury mat the if er or manage	r of the

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