

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
Jun 11, 2003 8:00 am
Secretary of State

04-21-2003 90118 037 ****50.00

DOCUMENT # L02000005613

1. Entity Name

PHORTH ASSOCIATES, LLC



Principal Place of Business

~~4540 HIGHWAY 20 EAST
NICEVILLE FL 32578
US~~

Mailing Address

~~4540 HIGHWAY 20 EAST
NICEVILLE FL 32578
US~~

11004101

2. Principal Place of Business

Bluewater Outdoors
Suite, Apt. #, etc.
4400 Hwy 20 East

3. Mailing Address

4400 Hwy 20 E
Suite, Apt. #, etc.
Suite 511

☐ CHECK HERE IF MAKING CHANGES

City & State

Niceville FL

City & State

Niceville

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32578

Country

USA

Zip

FL

Country

32578

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

6. Name and Address of Current Registered Agent

~~ZIVAN, JEROME A
4540 HIGHWAY 20 EAST
NICEVILLE FL 32578~~

7. Name and Address of New Registered Agent

Name *Thomas Fox*
Street Address (P.O. Box Number is Not Acceptable)
4400 Hwy 20 E Suite 511
City *Niceville* FL Zip Code *32578*

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

Thomas M. Fox *President Phorth Associates* *4/15/03*

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	<i>MGR FOX, THOMAS M 4400 HIGHWAY 20 EAST NICEVILLE FL 32578</i> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:

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

Date

Daytime Phone #

CR2083 (10/02)