## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 16, 2003 8:00 am Secretary of State

LYNNBES		05668  Mailing Address				03-27-200.	3 90012 (	)09 ***	*50.00	
733 LEGENDS CREST DR. FRANKLIN TN 37069		733 LEGENDS CREST DR. FRANKLIN TN 37069								
2. Principal I	Place of Business	3. Mailing Address		<del> </del>						
Suite, Apt	#, etc.	Suite, Apt. #, etc.		<del></del>	<b>-</b>	CHECK HERE	IF MAKING	CHANGES	3	
City & Stat	e	City & State		·	4. FEI Nur 45	nber 0469495		$\rightarrow$	pplied For ot Applicable	,
Zip	Country	Zip	Cour	ntry	5. Certifica	ate of Status Desired		5.00 Ad ee Require		
	6. Name and Address of Current	Registered Agent		Name	7. Name s	nd Address of New R	egistered A	ent		7.
GRE	ENO, LEIGH CRAIG	or the contract of the contrac	~ <u>~~</u>			~ <del>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </del>		۔۔۔ <u>۔۔</u>	Secretary Co	-\
	KERKERING, BARBERIO & CO., F	P.A.		Street Address	s (P.O. Box Nun	nber is Not Acceptable	·)			]
	B RINGLING BLVD. IASOTA FL 34236						<del></del>			
				City			FL	Zip Coc	la	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	register	ed office or regist	ered agent, or I	ooth, in the State of Flo	rida. I am fa	mlliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	: Registere	d Agent signature requir	ed when reinstating)		DATE		<u> </u>	
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indicated	ertify that the information supplied with on this report is true and accurate and to sility company or the receiver or trustee	hat my signature shall have th	ne same	legal effect as il i	made under oa	th; that I am a managir	further certifying member of	that the in or manager	ntormation r of the	

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

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Suite, Apt	GENDS CREST DR .#, etc.	733 LEGENDS Suite, Apt. #, etc.	CREST DR	DO NOT WRITE I	N THIS SPACE
City & Sta		City & State		4. FEI Number	Applied For
FRANKL	IN, TN Country	FRANKLIN, T	N Country	45-0469495	Not Applicable  \$5.00 Additional
37069		37069		5. Certificate of Status Desired	Fee Required
	DO NOT WRITE IN T			7. Name and Address of Current Re	gistered Agent
		<u></u>	Name LEIGH (	GREENO	
			Street Address	is (P.O. Box Number is Not Acceptable) ING, BARBERIO & CO	
		ì	, [	<del></del>	
			City	INGLING BLVD	Zip Code
O The shows	4		SARASO'	·	FL 34236
	of the obligations of registered agent.		high ist Leithisen an critice or	registered egent, or both, in the State of	N Floring, I am lamiliai wigi,
SIGNATURE					
	Signature, typed or printed name of regis	tered agent and title if applica	<del></del>	78 -	DATE
	•		FEE IS \$50.00	· · · · · · · · · · · · · · · · · · ·	L .
^		Make Check Paya	ble to Florida Departr DUE BY MAY 1	*	
9.	MANAGING MEMBER			nent of State	· · · · · · · · · · · · · · · · · · ·
TITLE		RS/MANAGERS	DUE BY MAY 1		(202)
TITLE NAME	LEIGH CRAIG GREE	RS/MANAGERS	TITLE NAME		38 (12/02)
TITLE	LEIGH CRAIG GREE 455 LONGBOAT CLU	RS/MANAGERS NO B RD #603	DUE BY MAY 1		
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