2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200005749

1. Entity Name

CIRCLE OAK PROPERTIES, LLC



FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90195 035 ****50.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					~	<u> </u>	•					
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Zep Country Zip Country S. Certificate of Status Desired \$5.00 Additional \$5.00 Additional \$5.00 Additional \$6. Name and Address of Current Registered Agent	Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
SINS, G. LARRY SINS, G. LARRY SINS, G. LARRY SO NAME and Address of Current Registered Agent T. Name and Address of Now Registered Agent T. Name and Address of Now Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent, or both, in the State of Flori	City & State			City & State								
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SIMS, G. LARRY- \$51 NORTH GRAND/NEW AVENUE DAYTONA BEACH FL 32118 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, by the other proof name of implication. City FL Zip Code	6. Name and Address of Current R			egistered Agent	gistered Agent							4
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11 hereby certify that the information symplical with this filling does not symplic for the symplectic for					CITY-ST-ZIP	 .	-			****		

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

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