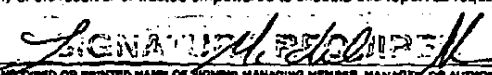


FILED
Aug 01, 2003 8:00 am
Secretary of State

06-23-2003 90001 035 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006777			
1. Entity Name LAIRD REAL ESTATE MANAGEMENT, LLC ✓			
Principal Place of Business 116 HWY 98 E. DESTIN FL 32541		Mailing Address 116 HWY 98 E. DESTIN FL 32541	
2. Principal Place of Business A J's Seafood Rest.		3. Mailing Address 116 Hwy 98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Destin Florida		City & State	
Zip 32541		Country USA	
4. FEI Number 02-0578318		Applied For Not Applicable	
5. Certificate of Status Desired		Fee Required \$5.00 Additional	
6. Name and Address of Current Registered Agent KILPATRICK, WILLIAM G JR 1201 EGLIN PKWY. SHALIMAR FL 32579			
7. Name and Address of New Registered Agent			
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 _____ DATE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: Manager NAME: Laura Michele Nowak STREET ADDRESS: 703 Whippoorwill Ln. CITY-ST-ZIP: Destin, FL 32541		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: Hubert A. Laird STREET ADDRESS: 116 Hwy 98 CITY-ST-ZIP: Destin, FL 32541		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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: 		6/18/03 850-837-6457	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			