FILED
Aug 01, 2003 8:00 am
Secretary of State
06-23-2003 90001 035 ****50.00

6/2

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006777

1. Entity Name

LAIRD REAL ESTATE MANAGEMENT, LLC

55053005

[redacted]

Principal Place of Business	Mailing Address
116 HWY 98 E DESTIN FL 32541	116 HWY 98 E DESTIN FL 32541

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
AJ's Seafood Rest.	116 Hwy 98
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin Florida	City & State
Zip: 32541 Country: USA	Zip Country

4. FEI Number: 02-0578318 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KILPATRICK, WILLIAM G JR 1201 EGLIN PKWY. SHALIMAR FL 32579	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
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		10. ADDITIONS/CHANGES	
TITLE	Manager ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Laura Michele Nowak	NAME	
STREET ADDRESS	703 Whippoorwill Ln.	STREET ADDRESS	
CITY-ST-ZIP	Destin, Fl. 32541	CITY-ST-ZIP	
TITLE	Hubert A. Laird ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	President	NAME	
STREET ADDRESS	116 Hwy 98	STREET ADDRESS	
CITY-ST-ZIP	Destin, Fl. 32541	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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 Date Daytime Phone #