

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 25 PM 12:35

DOCUMENT # L02000008941	
-------------------------	---

Principal Place of Business 9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311	Mailing Address 9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311
--	--

2. Principal Place of Business Petrandis 4178 Apalachee Pkwy. Tallahassee, FL 32311	3. Mailing Address Petrandis 4178 Apalachee Pkwy. Tallahassee, FL 32311
---	---



☐ CHECK HERE IF MAKING CHANGES

City & State Tallahassee, FL 32311	City & State Tallahassee, FL 32311	4. FEI Number	☒ Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Name and Address of Current Registered Agent PETRANDIS, JOHNNY II 9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311	7. Name and Address of New Registered Agent Name Johnny Petrandis II Street Address (P.O. Box Number is Not Acceptable) 4178 Apalachee Pkwy. Tallahassee, FL 32311 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.

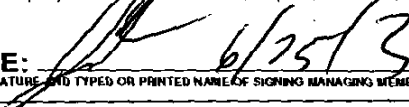
SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

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 Pres NAME Johnny Petrandis II STREET ADDRESS 4178 Apalachee Pkwy. CITY-ST-ZIP Tallahassee, FL 32311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

05/25/03 01076 021
1050.00

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 606, Florida Statutes.

SIGNATURE:  6/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #

CR2E083 (10/02)