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

DOCUMENT # L02000009534

## **FILED** Feb 20, 2003 8:00 am Secretary of State

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60 OCEAN B	lace of Business SLVD. EACH FL 32223	Mailing Address 60 OCEAN BLVD. ATLANTIC BEACH FL 3222	23						1 1	12
2 Principal	I Place of Business	3. Mailing Address	<del></del>							
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			1	CHECK HERE	E IF MAKIN	IG CHANGE	s	
City & Sta	ate	City & State			4. FEI Numbe	DD299	152	<del></del>	Applied For	7
3223		32233	Country		_	of Status Desired		\$5.00 A Fee Requi	dditional	7
<del></del>	6. Name and Address of Current F	Registered Agent	No.		7. Name and /	Address of New !	Registered			_
BLO	OODWORTH, SUSAN S ESQ.	The same of the sa	I- Nams		· · · · · · · · · · · · · · · · · · ·					3 =
170	0 MALAGA ST., STE. A . AUGUSTINE FL 32084		Street	Address (P.C	D. Box Number	is Not Acceptable	e)			
			· [							1
·	<u> </u>		City				FI	Zip Co	•	7
8. The above	e named entity submits this statement for ations of registered agent.	the purpose of changing its	registered office	or registered	agent, or both	in the State of Fig	orida, I am	familiar with	, and accept	1
and design	anons of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent an	d title if epolicable. (NOTE	- Registered Arrent sing	Office recuired who	en minutation)	<del></del>				
7 + 4 = 13k2 	Signature, typed or printed name of registered agent an	<del></del>	Registered Agent sign		en reinstating)	<del></del>	DATE		<del></del>	$\left.\right $
5 - 1 - 1 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Signature, typed or printed name of registered agent an	FILE NO	W!!! FEE IS	\$50.00	T.	<u>-</u>	DATE		<del></del>	   
7 - 4 - 1 Sau - 2 - 2 - 1 - 1 - 2 - 3	Signature, typed or printed name of registered agent an	FILE NO Make Check Payabi	W!!! FEE IS e to Florida D	\$50.00 epartment	T.	<u> </u>	DATE	. •		
7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Signature, typed or printed name of registered agent an MANAGING MEMBER.	FILE NO Make Check Payable Due	W!!! FEE IS	\$50.00 epartment	T.	APOITIONS				
9. mr.e	MANAGING MEMBER	FILE NO Make Check Payable Due	OW!!! FEE IS e to Florida Do By May 1, 20	\$50.00 epartment	T.	' ADDITIONS)		S Change	Addition	120
S. S. ITTLE NAME	MANAGING MEMBER  Managing Principal  Michael A. Sones	FILE NO Make Check Payabl Due S/MANAGERS	Will FEE IS e to Florida Do By May 1, 20 10.	\$50.00 epartment 03	T.	, ADDITIONS,		N 700	Addition	(10/02)
9. mr.e	MANAGING MEMBER  Managing Principal  Michael A. Sones	FILE NO Make Check Payabl Due S/MANAGERS	DW!!! FEE IS to Florida Do By May 1, 20  10.  TITLE NAME STREET ADDRESS	\$50.00 epartment 03	T.	ADDITIONS		N 700	Addition	383 (10/02)
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER Managing Principal Michael A. Sones 121 Ocean Forest Drive Atlantic Beach, 74	FILE NO Make Check Payable Due S/MANAGERS Delete  (1) or h 32232	Will FEE IS e to Florida Do By May 1, 20 10.	\$50.00 epartment 03	T.	' ADDITIONS)		☐ Change	1	12E083 (10/02)
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	MANAGING MEMBER  Managing Principal  Michael A. Sones	FILE NO Make Check Payabl Due S/MANAGERS	DW!!! FEE IS to Florida Do By May 1, 20  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$50.00 epartment 03	T.	ADDITIONS		N 700	Addition	CR2E083 (10/02)
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	MANAGING MEMBER  Managing Principal  Michael A. Sones  121 Ocean Forest Drive  Atlantic Beach, 74  Principal  Michael Attenbach  528 Golden rod Lane	FILE NC Make Check Payabl Due S/MANAGERS Delete  (North 32232) Delete	DW!!! FEE IS to to Florida Do By May 1, 20  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$50.00 epartment 03	T.	ADDITIONS		☐ Change	1	CR2E083 (10/02)
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMBER  managing Principal  Michael A. Sonto  121 Ocean Forest Drive  Atlantic Beach, 74  Principal  Michael Attenbach  538 Goldenrod Lane  Neptune Beach, 51	FILE NO Make Check Payable Due  S/MANAGERS  Delete  April Delete  32239  Delete	DW!!! FEE IS to Florida Do By May 1, 20  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$50.00 epartment 03	T.	ADDITIONS		☐ Change	1	CR2E083 (10/02)
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r nereby 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 receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: V DIED OR PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REF