

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90252 039 ****50.00

DOCUMENT # L02000013056

1. Entity Name

GREEN HERON PROPERTIES, LLC



Principal Place of Business

**78-12TH STREET
APALACHICOLA FL 32320**

Mailing Address

**78-12TH STREET
APALACHICOLA FL 32320**

2. Principal Place of Business

2148 Tarpon Lane

3. Mailing Address

2148 Tarpon Lane

Suite, Apt. #, etc.

St. George Island

Suite, Apt. #, etc.

City & State

FL

City & State

St. George Island, FL

4. FEI Number

01-0692593

Applied For

Not Applicable

Zip

32328

Country

Franklin

Zip

32328

Country

Franklin

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DAVIS, JOHN M
78-12TH STREET
APALACHICOLA FL 32320**

7. Name and Address of New Registered Agent

Name

John M. Davis

Street Address (P.O. Box Number is Not Acceptable)

2148 Tarpon Lane

City

St. George Island, FL

Zip Code

32328

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

1-21-03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager** ☐ Delete
NAME **John M. Davis**
STREET ADDRESS **2148 Tarpon Lane**
CITY-ST-ZIP **St. George Island, FL 32328**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-21-03

850-927-4480

CR2E083 (10/02)