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

## DOCUMENT # L02000015640

1. Entity Name

CHORT CUTT, L.L.C.



Principal Place of Business

Mailing Address

FILED Apr 29, 2003 8:00 am Secretary of State 04-29-2003 90023 027 \*\*\*\*50.00

20025274

FORT WALTON BEACH FL 32547			P.O. DRAWER 550 FORT WALTON BEACH FL 32549				**************************************			
2. Principal P	lace of Busin	ness	3. Mailing Address							) <b>1</b>
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	e		City & State			J	Number 2-1587508	~	<del> </del>	pplied For ot Applicable
Zip		Country	Zip Countr		try		tificate of Status Desired		\$5.00 Ad	ditional
6. Name and Address of Current Registered Agent						7. Nam	e and Address of New F	Registered /	Agent	3 3-3
FOSTER, WILLIAM S 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547					Name '					
					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	Se .
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						re required when reinsta	ting)	DATE	<del> </del>	
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003										
9. MANAGING MEMBERS/MANAGERS 10.						<del></del>	ADDITIONS	CHANGES		
TITLE	MGRM	MANAGING WEMBERG	Delete	TITLE			ADDITIONS	CHANGES	☐ Change	Addition
NAME	DAVIS, N	ELSON P	Li Delete	NAM	1				Change	☐ Addition
STREET ADDRESS	J				ET ADDRESS					}
CITY-ST-ZIP	J				-ST-ZIP					ľ
TITLE	MGRM		□ Delete	TITLE					Change	☐ Addition
NAME	The same same same same same same same sam		NAM	1				onango	L Addition	
STREET ADDRESS					ET ADDRESS					f
CITY-ST-ZIP					-ST-ZIP					1
TITLE			Delete	TITLE	೯ : ೯೬ .	್ ಸತ್ವಾಧ್ಯಕ್ಕ			☐ Chànge	Addition
NAME				NAM	Ĩ					
STREET ADDRESS				STRE	ET ADDRESS					ſ
City-St-Zip				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME )				NAMI	: ]					
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP				. CITY-	-ST-ZIP					
TITLE		<del>.</del>	☐ Delete	TITLE	_ [	<del></del>		· =====	☐ Change	☐ Addition
NAME				NAME						Ţ
STREET ADDRESS					ET ADDRESS					].
CITY-ST-ZIP		<del></del>	<del></del>	-	ST-ZIP	<del> ·</del>	- <del></del>			
TITLE			Delete	TITLE	J				Change	Addition
NAME DIDCET ADDRESS				NAME	1					1
STREET ADDRESS CITY-ST-ZIP				•	ET ADORESS ST-ZIP					}
11. I hereby certify that the information supplied with this filing does not qualify for the exem						-11- O	07/0V() Florida ()	l Combon of	16. al 14	
in inereby c	ertity that the	rimormation supplied with thi	is illing does not quality for t	ne exer	nption state	ea in Section 119.	ਪ7(ਤ)(i), Florida Statutes.	turther cert	iry that the ir	ntormation

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 eceiver or trustee empowered to execute his report as required by Chapter 608, Florida Statutes.

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

pril 25,2003 (850) 243-7161