

**2003 LIMITED LIABILITY COMPANY (LLC) PA  
UNIFORM BUSINESS REPORT (UBR)**

0021957

DOCUMENT # L02000016450

1. Entity Name

SHADY OAKS, LLC



03 OCT - 6 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM



Principal Place of Business

Mailing Address

4119 BROWNS BRIDGE ROAD  
GAINESVILLE GA 30504  
US

4119 BROWNS BRIDGE ROAD  
GAINESVILLE GA 30504  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0623056

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

ROBERT L PETERS P.A.  
309 1/2 CENTRE STREET  
SUITE 205  
FERNANDINA BEACH FL 32034

Name ROBERT L. PETERS P.A.

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

28 SOUTH 10th STREET

City FERNANDINA BEACH FL Zip Code 32034

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

*Robert Peter*

ROBERT L. PETERS, P.A.

10/1/03

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME HALL, DON  
STREET ADDRESS 4119 BROWNS BRIDGE ROAD  
CITY-ST-ZIP GAINESVILLE GA 30504

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

TITLE MGR ☐ Delete  
NAME JONES, CECIL A  
STREET ADDRESS 4119 BROWNS BRIDGE ROAD  
CITY-ST-ZIP GAINESVILLE GA 30504

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*KATHY A. KULL*  
UP ADMIN.  
KATHY A. KULL

10/2/03 (770) 536-3330

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

Date

Daytime Phone #

CR2E083 (4/03)