

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


FILED
Mar 26, 2003 8:00 am
Secretary of State

02-25-2003 90086 033 ***150.00

2/2

DOCUMENT # L02000016593

1. Entity Name
BAYOU PROPERTIES, LLC



Principal Place of Business Mailing Address
3948 SUNBEAM ROAD, SUITE 2 **3948 SUNBEAM ROAD, SUITE 2**
JACKSONVILLE FL 32257 **JACKSONVILLE FL 32257**

2. Principal Place of Business 3. Mailing Address
6971 BUSINESS PARK BLVD **6971 BUSINESS PARK BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JAX, FL **JAX, FL**
 Zip Zip Country Country
32256 **32256** **USA** **USA**

4. FEI Number Applied For
80-0085998 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
LINDELL, J. MICHAEL ESQ
12276 SAN JOSE BOULEVARD, SUITE 128
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent
 Name: **PATRICIA L. ELLINGSON**
 Street Address (P.O. Box Number is Not Acceptable):
6971 BUSINESS PARK BLVD
 City: **JAX** State: **FL** Zip Code: **32256**

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]* **PAT ELLINGSON** DATE: **2/22/03**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM ELLINGSON, H. RICHARD 3948 SUNBEAM ROAD JACKSONVILLE FL 32257	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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]* **PATRICIA L. ELLINGSON** DATE: **2/22/03** 904
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # **268-1100**

CFR2083 (10/02)