

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 16 AM 9:52

LR 6/23

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

DOCUMENT # L02000016915 1. Entity Name REIMLER PROPERTIES, L.L.C.			
Principal Place of Business 8002 CORPORATE SQUARE COURT JACKSONVILLE, FL 32246		Mailing Address 8002 CORPORATE SQUARE COURT JACKSONVILLE, FL 32246	
2. Principal Place of Business 408 Butler Ave Suite, Apt. #, etc.		3. Mailing Address 408 Butler Ave Suite, Apt. #, etc.	
City & State St. Simons, GA		City & State St. Simons, GA	
Zip 31522		Zip 31522	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TIMOTHY P. KELLY, P.A. 1016 LASALLE STREET JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent's signature required when submitting)			
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 MGR NAME REIMLER, JOHN S STREET ADDRESS 8002 CORPORATE SQUARE COURT CITY-ST-ZIP JACKSONVILLE, FL 32246	☐ Delete	TITLE 408 Butler Ave NAME St. Simons, GA STREET ADDRESS 31522 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>John Reimler</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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