9/24/2003-90047-014-\$50.00-\$50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

	THE CHAIN MACHINE	<u> </u>			_				
DOCUMENT # L02000017578						FILED			
PILOT MOUNTAIN ASSOCIATES, LLC					03		8:00		
Principal Plac	ce of Rusiness	Mailing Address			SI	ECRETARY OF S	STATE		
Principal Place of Business 3999 CHICORA WOOD PLACE JACKSONVILLE FL 32224		3999 CHICORA WOOD PLACE JACKSONVILLE FL 32224			TALLAHASSEE, FLORIDA				
					. 119019	an dan dana mara d a nka da nka d	ina sorb a fa o ra f abilia d ada da	40) (1 1) (41)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State 1		City & State			4. FEI Number 1881313 Applied For Not Applicable				_
Zip	Country	Zip Country		iry	5. Certificat	e of Status Desired	55.00 Add	ditional	
6. Name and Address of Current Registered Agent					7. Name an	d Address of New Reg	Istered Agent		7
TURNER, SUSAN B				Name			عصبات بالمحادث	_	1
3999	O CHICORA WOOD PLACE KSONVILLE FL 32224	Street Address			P.O. Box Numb	per is Not Acceptable)			7
<u>c</u> :	•			City			···: Zip Cod	e 55. 3.	$\frac{1}{2}$
	named entity submits this statement for	the purpose of changing its r	egistere	d office or register	ed agent, or bo	oth; in the State of Fioric	ta. I am lamillar with		1
ALLEGACIONES NUMBER	ions of registered agent. 교육하다	um italiya il		Ý.					
क्षाणाः इस्ह. -	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registered	Agent kign#ture required	when reinstating)		DATE		┦
		Make Check Payable	to Fic	EE IS \$50.00 orlda Departmei nber 24, 2003	nt of State				
9.	MANAGING MEMBER	<u></u>	10.		l	ADDITIONS/CI	UANOTO .		4
TITLE	W A S	Delete Delete	TITLE	7	 -	ADDITIONS/C	☐ Change	Addition	†ฐ
NAME STREET ADDRESS	2049 Thicory	2000	NAME	T ADDRESS				_	3 (4)
CITY-ST-ZIP	Backson IV	EV. 82224		ST-ZIP	 -				CR2E083 (4/03)
TITLE NAME	Brookwood Propert	Tes in Deleting	TITLE				☐ Change	Addition	2
STREET ADDRESS CITY-ST-ZIP	Jackshawlle Fl	32224		ET ADORESS ST-ZIP					
TITLE	10000000000000000000000000000000000000	☐ Delete	TITLE			 	Change	Addition	1
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CITY-ST-ZIP	<u> </u>	Delete	CITY-	ST-ZIP			☐ Change	☐ Addition	┥
NAME			' NAME	[
STREET ADORESS City-St-Zip				T ADORESS ST-ZIP					
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NAME	•		NAME		i				
STREET ADORESS (City-St-Zip			STREE CITY-	T ADDRESS ST-ZIP		San			
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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as reclaimed by Chapter 608, Florida Statutes.									
SIGNAT	URE: AND TYPED OR PRINTED NAME OF S	SRÉ/DEDUIS BURD MANAGING MEMBER MANA	3E/C	UTHORIZED REPRESEN	A 9/2	-0 03 (c	904) 992 - A	1828	