FILED
Jun 04, 2003 8:00 am
Secretary of State
04-14-2003 90751 020 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # L02000018602

1. Entity Name

CRABAPPLE HOUSE, LLC

44003323

Principal Place of Business	Mailing Address
34-4TH STREET APALACHICOLA FL 32320	PO BOX 850 APALACHICOLA FL 32329

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number [redacted] 14-1855725 ☐ 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
SHULER, THOMAS M 34-4TH STRETE APALACHICOLA FL 32320	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 ______________________________
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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shuler Limited Partnership 34-4th Street Apalachicola, Fl 32320	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
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

CR2E083 (10/02)

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: Shuler Limited Partnership Thomas M Shuler General Partner 4-11-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment 440033323
#L02000018602

SHULER LIMITED PARTNERSHIP
34 FOURTH STREET
POST OFFICE DRAWER 850
APALACHICOLA, FLORIDA 32329

GENERAL PARTNERS:
J. GORDON SHULER
THOMAS M. SHULER

TELEPHONE: (850) 653-9226
FACSIMILE: (850) 653-3382

June 2, 2003

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

RE: CRABAPPLE HOUSE, LLC
Corp. No: L02000018602

Dear Sir/Madam:

In reply to your May 27, 2003 letter, Shuler Limited Partnership is the operating manager of Crabapple House, LLC. Thomas M. Shuler and J. Gordon Shuler are the only general partners of Shuler Limited Partnership, and the secretary/treasurer of the LLC.

Sincerely,

Thomas M. Shuler

TMS
cc: corp. book.