

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

**FILED**  
03 AUG -1 PM 2:39  
SEVENTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

**DOCUMENT # LQ2000022171**

1. Entity Name  
**STANDSTILL, LLC**



Principal Place of Business  
**1822 PEPPER DRIVE  
TALLAHASSEE, FL 32304**

Mailing Address  
**1822 PEPPER DRIVE  
TALLAHASSEE, FL 32304**

**BK** 00022259654  
08/12/03--01066--002 \*\*50.00

2. Principal Place of Business  
**RANDY GRAHAM CPA**

3. Mailing Address  
**RANDY GRAHAM CPA**

State, Apt. #, etc.  
**1616-A METROPOLITAN CIR**

City & State  
**TALLAHASSEE FL**

Zip  
**32308**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**46-0497848**

Applied For  
 Not Applicable

5. Certificate of Service Duesed  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
529 EAST PARK AVENUE  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name  
**DOUG SALIE**

Street Address (P.O. Box number is Not Acceptable)  
**1616-A METROPOLITAN CIR.**

City  
**TALLAHASSEE FL 32308**

I, the above named entity, consent to this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I sign for me with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **JULY 31 03**



MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE <b>DIRECTOR</b>	NAME <b>DOUGLAS SALIE</b> STREET ADDRESS <b>P.O. BOX 10829</b> CITY-ST-ZIP <b>TALLAHASSEE FL 32302</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>PRESIDENT</b>	NAME <b>JUSTIN TAYLOR</b> STREET ADDRESS <b>1616-A METROPOLITAN CIRCLE</b> CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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I1. 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 509, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **JULY 31 03** **850-824-3228**

CR22003 (10/02)