

**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  
1616-A METROPOLITAN CIR  
TALLAHASSEE FL 32308

3. Mailing Address  
RANDY GRAHAM CPA  
SUITE, Apt. P, etc.  
1616-A METROPOLITAN CIR  
TALLAHASSEE FLORIDA  
32308 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, certify this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I sign for and with, and accept the obligations of registered agent.

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

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

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)