

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000023216

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: THE VILLAGE, LLC

**Current Principal Place of Business:**

402 REID AVE.  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

402 REID AVE.  
PORT ST. JOE, FL 32456

**New Mailing Address:**

FEI Number: 52-2381111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIBSON, THOMAS S  
206 E. FOURTH ST.  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: COX, JAMES A  
Address: 402 REID AVE.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGRM ( ) Delete  
Name: DUREN, GEORGE W  
Address: 100 DUPONT DR.  
City-St-Zip: PORT ST. JOE, FL 32456

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES A. COX

MGRM

04/28/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date