

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-17-2003 90004 031 ***150.00

DOCUMENT # L02000023549					
1. Entity Name PULLUM-CECILIO, L.L.C.					
Principal Place of Business 8494 NAVARRE PARKWAY NAVARRE FL 32501			Mailing Address 8494 NAVARRE PARKWAY NAVARRE FL 32501		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0431021	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEUCHTMAN, GARY B. 501 COMMENDENCIA STREET PENSACOLA FL 32501			-- 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 _____ (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 Member	NAME Bart R. Pullum	<input type="checkbox"/> Delete	TITLE D	NAME Bart R. Pullum	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8494 Navarre Parkway			STREET ADDRESS 8494 Navarre Parkway		
CITY-ST-ZIP Navarre, FL 32566			CITY-ST-ZIP Navarre, FL 32566		
TITLE Member	NAME Rebecca A. Pullum	<input type="checkbox"/> Delete	TITLE D	NAME Rebecca A. Pullum	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8494 Navarre Parkway			STREET ADDRESS 8494 Navarre Parkway		
CITY-ST-ZIP Navarre, FL 32566			CITY-ST-ZIP Navarre, FL 32566		
TITLE Member	NAME Frank L. Cecilio	<input type="checkbox"/> Delete	TITLE D	NAME Frank L. Cecilio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3667 Rocky Creek Court			STREET ADDRESS 3667 Rocky Creek Court		
CITY-ST-ZIP San Jose, CA 95148			CITY-ST-ZIP San Jose, CA 95148		
TITLE Member	NAME Shan R. Cecilio	<input type="checkbox"/> Delete	TITLE D	NAME Shan R. Cecilio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3667 Rocky Creek Court			STREET ADDRESS 3667 Rocky Creek Court		
CITY-ST-ZIP San Jose, CA 95148			CITY-ST-ZIP San Jose, CA 95148		
TITLE Member	NAME (Blank)	<input type="checkbox"/> Delete	TITLE (Blank)	NAME (Blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS (Blank)			STREET ADDRESS (Blank)		
CITY-ST-ZIP (Blank)			CITY-ST-ZIP (Blank)		
TITLE Member	NAME (Blank)	<input type="checkbox"/> Delete	TITLE (Blank)	NAME (Blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS (Blank)			STREET ADDRESS (Blank)		
CITY-ST-ZIP (Blank)			CITY-ST-ZIP (Blank)		
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: <u>Rebecca A. Pullum</u>			3-12-03 850/939-1558		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

CR2E083 (10/02)