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Apr 03, 2003 8:00 am
Secretary of State

03-14-2003 90006 018 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000025717

1. Entity Name
ALB, LLC

Principal Place of Business	Mailing Address
135 FRANKLIN BOULEVARD ST. GEORGE ISLAND, FL 32328	135 FRANKLIN BOULEVARD ST. GEORGE ISLAND, FL 32328

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		115 PENN WARREN DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 300-385	
City & State		City & State BRENTWOOD, TN	
Zip	Country	Zip 37027	Country USA

4. FEI Number 75-3081463 ☐ 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
LIGHTSEY, ALTON L 808 SOUTH DENNING DRIVE WINTER PARK, FL 32789	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 MANAGER NAME JOHN W. COLEMAN STREET ADDRESS 115 PENN WARREN DR., STE 300-385 CITY-ST-ZIP BRENTWOOD, TN 37027 ☐ 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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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: John W. Coleman JOHN W. COLEMAN 3-11-03 615-661-4721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #