

AMENDED

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03155903587  
08-15-2003 90078 001 \*\*\*200.00  
L02000027217

DOCUMENT # L02000027217

1. Entity Name

JERRY WALLACE DEALMAKERS REALTY, L.L.C.



FILED

2003 AUG 21 PM 12:46

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4458 OCEAN VIEW DR.  
DESTIN FL 32541

4458 OCEAN VIEW DR.  
DESTIN FL 32541

2. Principal Place of Business

10279 Front Beach Rd.  
Suite, Apt. #, etc.

3. Mailing Address

151 Regions Way I-C  
Suite, Apt. #, etc.  
I-C



☐ CHECK HERE IF MAKING CHANGES

City & State

Panama City Beach, FL

City & State

Destin, FL

4. FEI Number

13-4217235

Applied For

Not Applicable

Zip

Country

USA

Zip

32541

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, ELIZABETH J  
221 MCKENZIE AVE.  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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 Agents 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
WALLACE, JERRY L 4458 OCEAN VIEW DR. DESTIN FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Client Copy Prepared By  
Hurd & Finley, P.A.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/1/03 (850) 164-8711