

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000027451 1. Entity Name BURNT MOUNTAIN 53, LLC					
Principal Place of Business 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713			Mailing Address 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HINES, J. BRADFORD 100 FIRST AVENUE SOUTH, STE. 500 ST. PETERSBURG, FL 33701				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and LLC if applicable (NOTE: Registered Agent signature required when re-appointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	AGUIRRE, FRED C		NAME		
STREET ADDRESS	5115 OLD ELLIS POINTE		STREET ADDRESS		
CITY- ST- ZIP	ROSWELL, GA 30076		CITY- ST- ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	MGRM		TITLE		
NAME	SERTICH, LARRY		NAME		
STREET ADDRESS	5115 OLD ELLIS POINTE		STREET ADDRESS		
CITY- ST- ZIP	ROSWELL, GA 30076		CITY- ST- ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	MGRM		TITLE		
NAME	SCHERER, CLARK H III		NAME		
STREET ADDRESS	2152 14TH CIRCLE NORTH		STREET ADDRESS		
CITY- ST- ZIP	ST. PETERSBURG, FL 33713		CITY- ST- ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

14 MAR 727 3218111

Date Daytime Phone #



01082004 Chg-LLC CR2E083 (10/03)

4. FCI Number **51-0432562** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL