## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000028328

## CKINNED LANDS BAVMEADOWS NIDSERV 11C



•	WE THE					
Principal Place of Business	Mailing Address					
2970 HARTLEY ROAD. SUITE 302 JACKSONVILLE FL 32257	2970 HARTLEY ROAD. SUITE 302 JACKSONVILLE FL 32257					
2. Principal Place of Business	3. Mailing Address					

## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90098 009 \*\*\*\*50.00

OMININEH E	ANDS DATINEADONS IN	unachi, LLO						
Principal Place 970 HARTLEY R ACKSONVILLE F	OAD. SUITE 302	Mailing Address 2970 HARTLEY ROAD. SU JACKSONVILLE FL 32257				<b></b>		
D. Delaniant Di	on of Divisions	O Malling Address						
z. Principai Pia	ace of Business	3. Mailing Address				7 <b>2</b> 141 <b>Co</b> 110 14001 40107 1410 1	H <b>aa</b> i Hali 1 <b>00</b> 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State City & State			<u></u>	4. FEI Number 04 37 19	995	Applied For		
Zip	Country	Zip	Country	_	5. Certificate of Status Desired	S5.00 Ac		
	6. Name and Address of Curr	ent Registered Agent -			- 7Name and Address of New Re	egistered Agent		
SKINN	NER, RUSSELL R		Name	•				
2970 HARTLEY ROAD, SUITE 302 JACKSONVILLE FL 32257			Street Address		(P.O. Box Number is Not Acceptable)			
57.011	DOMINEL I L GEED!							
			City			FL Zip Cod	de	
	named entity submits this statement ons of registered agent.	nt for the purpose of changing i	ts registered office	or register	red agent, or both, in the State of Flor	rida. I am familiar with	, and accept	
SIGNATURE _	signature, typed or printed name of registered a	ANG CONTRACTOR OF THE CONTRACT	OTE: Registered Agent sign		1	DATE		
	ignature, typed or printed harne or registered a	<u> </u>			) with Leursterrich	DATE		
		Make Check Paya		epartmer	nt of State			
	·		ue By May 1, 20	003				
9.	MANAGING MEMBERS/MANAGERS 10.			MIN	ADDITIONS/		Addition	
TITLE NAME		☐ Delete	TITLE NAME	Mar	nor. Russell R.	☐ Change	Acculton	
STREET ADDRESS			STREET ADDRESS	s 297	ner, Russell R. o Hartley Rd., Suite 3 Koonville, Fr 3225	02.		
CITY-ST-ZIP			CITY-ST-ZIP	Jac	Kionville, Fr 3228	7		
TITLE		☐ Delete	TITLE	44-4	•	Change	Addition	
NAME STREET ADDRESS			NAME Street Address	SKIM	ther, Bryand B. Jr. Hartley Rd., Suite &	202-	ļ	
CITY-ST-ZIP			CITY-ST-ZIP	2970	Very lille F 372	7	}	
TITLE	, and the second	□ Delete	TITLE	~ ~ ·	A CONTRACTOR OF THE PARTY OF TH	☐ Change	Addition	
NAME		. —	NAME				\	
STREET ADDRESS			STREET ADDRESS	s			}	
CITY-ST-ZIP		<del></del>	CITY-ST-ZIP	<b></b>	<del></del>			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS	s			ſ	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE.		☐ Delete	TITLE			☐ Change	Addition	
NAME .			NAME	_			Ì	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•			{	
TITLE		☐ Delete	TITLE	+		☐ Change	Addition	
NAME			NAME				_	
STREET ADDRESS			STREET ADDRESS	s				
CITY-ST-ZIP			CITY-ST-ZIP					

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 according 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 repetiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE