2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State
06-13-2003 90006 041 ****50.00

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DOCUMENT # L02000029460

1. Entity Name
THE AUTUMN OFFERING, LLC

55051064

Principal Place of Business	Mailing Address
113 TAYLOR AVE. DAYTONA BEACH FL 32114	113 TAYLOR AVE. DAYTONA BEACH FL 32114

☐ CHECK HERE IF MAKING CHANGES

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 56-230 2801 ☐ 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
JOHNSON, ROBERT L 220 S. RIDGEWOOD AVE., STE. 200 DAYTONA BEACH FL 32114	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MANAGING Member President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Sean C. Robbins	NAME	
STREET ADDRESS	3 CARMEL Tr.	STREET ADDRESS	
CITY-ST-ZIP	ormond Beach Fl 32174	CITY-ST-ZIP	
TITLE	Managing Member V.P. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GEORGE B. Moore Jr.	NAME	
STREET ADDRESS	420 LAKBRIDGE PLAZA Dr. #909	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH Fl 32174	CITY-ST-ZIP	
TITLE	Managing Member ☐ Delete Sec.	TITLE	☐ Change ☐ Addition
NAME	DENNIS MATTHEW Miller	NAME	
STREET ADDRESS	2623 YULE TREE	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER Fl 32141-5221	CITY-ST-ZIP	
TITLE	Managing Member ☐ Delete Treas.	TITLE	☐ Change ☐ Addition
NAME	NICHOLAS DOMINIC GELYON	NAME	
STREET ADDRESS	202 REDLAND DR.	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH Fl 32169	CITY-ST-ZIP	
TITLE	Managing Member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MATTEW ALAN Johnson	NAME	
STREET ADDRESS	407 N. Peninsula AVE	STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach Fl 32169	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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