2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

- Suite, Apt. #, etc.

GRAND JUNCTION MI 49056

P.O. BOX 335

DOCUMENT # L02000030542

Principal Place of Business

2. Principal Place of Business 48583 24th Ave

2175 62ND STREET NORTH

CLEARWATER FL 33760

Suite, Apt. #, etc.

NEW SOUTH AT LONGBRANCH, LLC



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90015 015 ****55 00

COLPAUUA



☐ CHECK HERE IF MAKING CHANGES

City & State City & State Applied For Grand Junction, MI 06-1658294 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 49056 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES KENNETH STEPHENSON Street Address (P.O. Box Number is Not Acceptable) C/O STEPHENSON & MOORE 2753 STATE ROAD 580, SUITE 101 **CLEARWATER FL 33761** Zip Code FL 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, 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

		J, may 1, 2000	
9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM New South Properties, L. John T. Bartocci, Opr. MGR 48583 24th Ave Grand Junction, MI 49056	CTITLE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Oelete	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

11. I hereby certify that the information supplied with this fiting 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 accordate 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 of the receiver of trustee empowered to execute this report as required by Chapter 608; Florida Statutes.

REJohn (T. Bartocci, Operating MGR 1/2/03 (269)427-7935 AND TYPED OR PRINTED NAME OF SIGNING MENTALING PURE COMMENCE OF SIGNING MENTALING PROPERTY OF THE PROPERTY OF

CR2E083 (10/02)