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Secretary of State
05-05-2003 91159 030 ****50.00

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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030714

1. Entity Name
Fulford & King, L.L.C.

DO NOT WRITE IN THIS SPACE

44003253

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
900 South Federal Hiway	900 South Federal Highway	16-1649076
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100	
City & State Stuart FL	City & State Stuart, FL	4. FEI Number NONE ☐ Applied For ☐ Not Applicable
Zip 34994 Country US	Zip 34994 Country US	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: W. Lee King Jr.

Street Address (P.O. Box Number is Not Acceptable): 900 S. Federal Highway, Suite 100

City: Stuart FL Zip Code: 34994

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 _____ 4-30-03
Signature, typed or printed name of registered agent and title if applicable — DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. W. Lee King, Jr. 900 S. Federal Highway, Suite 100 Stuart, FL 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. Jeffrey C. Fulford 900 S. Federal Hiway, Ste 100 Stuart, FL 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: _____ 4-30-03 772-223-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #