2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L02000030901



SOUTH STH STREET FERMADINA BEACH F. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State A. FEI Number Applicable St. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name MCCRANIE, DANIEL I 28 SOUTH STH STREET FERMADINA BEACH FL City FL Zip Code St. Odd Address of New Registered Agent City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FERMADINA BEACH FL City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FLE NOW!!! FEE IS S50.00 Make Check Payable to Florida Department of State Due by May 1, 2003 MANAGING MEMBERS / MANAGERS DIE MOR MCCRANIE, DANIEL I 228 SOUTH STHEET FERMADINA BEACH FL City FL Zip Code	1. Entity Name BOODAN, LLC	·					04-25-2003 9	90752 02:	5 ***150.0	00
Sure, Apt. 4, etc. City & State A. FEI Number Depticable For Mora Applicable St. 00 Additional Fee Required St. 00 Additional Fee R	Principal Place of Business 26 SOUTH 5TH STREET FERNANDINA BEACH FL		26 SOUTH 5TH STREET			1.1881	(B)	() 88 191 88186 11	iki na ki a l a kki na	PR1 (1811 1811)
City & State City & Status Desired S5,00 Additional Fee Required S5,00 Additional Fee Required S6,00 Additional Fee Required S6,0	2. Principal Place of	Business	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·					
Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 77. Name and Address of New Registered Agent MCCRANIE, DANIEL I 28 SOUTH 5TH STREET Street Address (P.O. Box Number is Not Acceptable) 6. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title 4 applicable. (INSTE Registered Agent signature required when receivable) 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 ITILE MGR	City & State		City & State			4. FEI Nun	nber			
MCCRANIE, DANIEL I 28 SOUTH 5TH STREET FERNANDINA BEACH FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of re	Zip	Country Zip Co		Count	try	5. Čertifica	ate of Status Desired			
MCCRANIE, DANIEL I 28 SOUTH 5TH STREET FERNANDINA BEACH FL City FL Zip Code 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 FILE NOW!!! FEE IS \$50.00	6. N	Name and Address of Current Re	gistered Agent			_7Name a	nd Address of New I	Registered	Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	MOODANIE	: DANIEL I		·	Name					
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, Typed or printed name of registered agent and title of applicable. (NOTE Registered Agent agenture required when reinstating) PATE	26 SOUTH	5TH STREET	•		Street Address (f	ess (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent agent agent agent and title if applicable. (NOTE: Registered Agent age	LINANDA					•		•	ļ	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE 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 ITILE MAGR MCCRANIE, DANIEL I 1225 GERGING ROAD STREET ADDRESS CITY-ST-ZIP TITLE MAGR MCCRANIE, DANIELLE S STREET ADDRESS 1225 GERGING ROAD FERNANDINA BEACH FL 32034 TITLE MAGR MCCRANIE, DANIELLE S STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition					City			FL	Zip Code	9
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS TITLE MGR MCRANIE, DANIEL I 1225 GERGING ROAD CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE MGR MCCRANIE, DANIELLE S 1818ET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE MCCRANIE, DANIELLE S 1818ET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE MCCRANIE, DANIELLE S 1818ET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE MCCRANIE, DANIELLE S 1818ET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE MCCRANIE, DANIELLE S 1818ET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE MAME STREET ADDRESS CITY-ST-ZIP ITILE MAME STREET ADDRESS CITY-ST-ZIP ITILE MAME STREET ADDRESS CITY-ST-ZIP ITILE Delete TITLE Addition			ne purpose of changing its	registere	d office or registere	ed agent, or b	ooth, in the State of Fl	orida. I am	amiliar with,	and accept
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS TITLE MGR MCRANIE, DANIEL I 1225 GERGING ROAD CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE MGR MCCRANIE, DANIELLE S 1818ET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE MCCRANIE, DANIELLE S 1818ET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE MCCRANIE, DANIELLE S 1818ET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE MCCRANIE, DANIELLE S 1818ET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE MCCRANIE, DANIELLE S 1818ET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE Delete TITLE Addition Addition Addition AMAGE STREET ADDRESS CITY-ST-ZIP ITILE Delete TITLE Addition	SIGNATURE									
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR DELET STREET ADDRESS 1225 GERGING ROAD STREET ADDRESS CITY-ST-ZIP TITLE MGR DELET STREET ADDRESS 1225 GERGING ROAD STREET ADDRESS CITY-ST-ZIP TITLE MGR DELET STREET ADDRESS 1225 GERGING ROAD STREET ADDRESS CITY-ST-ZIP TITLE MGR DELET STREET ADDRESS 1225 GERGING ROAD STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELET STREET ADDRESS CITY-ST-ZIP TITLE DELET STREET ADDRESS CITY-ST-ZIP TITLE DELET STREET ADDRESS	Signature	, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered	Agent signature required	when reinstating)	T	DATE		
Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR			1				j			
MGR					-	nt of State				
MGR	9.	MANAGING MEMBERS	/MANAGERS	10.			ADDITIONS	/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete Del								<u> </u>		Addition
CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP MGR MCCRANIE, DANIELLE S STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Change Addition				NAME	:]					J
MGR Delete TITLE MCCRANIE, DANIELLE S NAME STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition Change Addition										
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE ODElete TITLE ODELETE TITLE ODELETE TITLE ODELETE TITLE ODELETE ODE	LIOD			CITY-	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE			☐ Delete						☐ Change	Addition
CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE CITY-ST-ZIP TITLE Delete TITLE CHange Addition Change Addition				-						
TITLE					ľ					
NAME STREET ADDRESS CITY-ST-ZIP CITLE NAME STREET ADDRESS CITY-ST-ZIP CITYLE CHange Addition	TITLE		Delete	TITLE	·	<u></u>	A MANAGEMENT OF THE PARKS		Сћапде	Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition	NAME			NAME	; (1
	STREET ADDRESS City-St-Zip									ł
INVE	TITLE		☐ Delete	TITLE					Change	Addition
	NAME			NAME						ļ
	STREET ADDRESS CITY-ST-ZIP									
			<u> </u>	-			 _			TTI Addition
	TITLE NAME		LJ. Uelete		ſ				□ ∩usuda	
.	STREET ADDRESS									
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE Delete TITLE Change Addition	TITLE		☐ Delete	TITLE					☐ Change	Addition
₽	NAME				1					
	STREET ADDRESS CITY-ST-ZIP			1						ļ
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		at the information supplied with thi	is filing does not qualify for		_ ,	ction 119.07(3	3)(i) Florida Statutes	I further cer	tify that the in	formation

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 entrustee 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

4122103

904-261-6838 Daytime Phone #