

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90578 001 \*\*\*150.00

<b>DOCUMENT # L02000031452</b>					
<b>1. Entity Name</b> <b>SEDGEFIELD R, LLC</b>					
<b>Principal Place of Business</b> <b>Mailing Address</b>					
<b>390 DUBSDREAD CIRCLE</b> <b>ORLANDO FL 32804</b>		<b>390 DUBSDREAD CIRCLE</b> <b>ORLANDO FL 32804</b>			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
<div style="text-align: right;"> <input type="checkbox"/> CHECK HERE IF MAKING CHANGES                 </div>					
<b>4. FEI Number</b> NA				Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>LORE, SUZANNE W</b> <b>390 DUBSDREAD CIRCLE</b> <b>ORLANDO FL 32804</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SECKINGTON, RUTH E</b> <b>390 DUBSDREAD CIRCLE</b> <b>ORLANDO FL 32804</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS / CHANGES</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Ruth E Seckington</i> <b>9 Jan 2003</b> <b>407-869-5068</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #					

CR2E093 (10/02)