

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5032-69900740

9/25/2003-90041-031-\$55.00-\$55.00


FILED

2003 OCT -3 PM 12:09

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # L02000031557</b>					
<b>1. Entity Name</b> LAND CONSULTING AND IMPROVEMENTS, L.L.C.					
<b>Principal Place of Business</b> 25 EAST WRIGHT STREET PENSACOLA FL			<b>Mailing Address</b> 25 EAST WRIGHT STREET PENSACOLA FL		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 32501	Country		Zip 32501	Country	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BAYNES, JAMES L JR 25 EAST WRIGHT STREET PENSACOLA FL			Name <u>Stephenson, Co</u> Street Address (P.O. Box Number is Not Acceptable) <u>25 East Wright St</u> Suite <u>2511</u> City <u>Pensacola</u> FL Zip Code <u>32501</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<div style="text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By September 24, 2003</b> </div>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAYNES, JAMES L JR 1100 FT. PICKENS RD., F-12 GULF BREEZE FL 32561 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>SIGNATURE:</b> <u>James L. Baynes Jr</u> <b>10-01-01</b> (850) <u>James L. Baynes Jr</u> <b>9-22-03</b> <b>572-0572</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

CR2E083 (4/03)