

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90006 013 ****50.00

DOCUMENT # L02000031995

1. Entity Name

GOLF VILLAS APARTMENTS OF SANTA ROSA, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1250-A College Parkway
Suite, Apt. #, etc.

3. Mailing Address

6641 Hwy. 98 ~~Suite 102~~
Suite, Apt. #, etc.
Suite 102

DO NOT WRITE IN THIS SPACE

City & State
Gulf Breeze, FL

City & State
Hattiesburg, MS

4. FEI Number
57-1139630

Applied For
Not Applicable

Zip Country
32561 USA

Zip Country
39402 USA

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
Naples-Lawdock, Inc.

Street Address (P.O. Box Number is Not Acceptable)

4501 North Tamiami Trail Suite 300

City Zip Code
Naples FL 34103

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

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	Managing Member Ike W. Thrash 6641 Hwy. 98 Suite 102 Hattiesburg, MS 39402
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	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Ike W. Thrash Date: 2/11/03 Daytime Phone #: 601-271-2290