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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

| <b>DOCUMENT # L02000033111</b><br>1. Entity Name<br><b>SWEET T FARM LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
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| Principal Place of Business<br>9311 NW 143RD ST<br>ALACHUA, FL 32615 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        | Mailing Address<br>4000 SW 23RD ST<br>UNIT 1-105<br>GAINESVILLE, FL 32608 US                                                            |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br>9311 NW 143rd St<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 3. Mailing Address<br>9311 NW 143rd St<br>Suite, Apt. #, etc.                                                                           |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| City & State<br>Alachua, FL<br>Zip<br>32615 Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | City & State<br>Alachua, FL<br>Zip<br>32615 Country<br>USA                                                                              |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| 4. FEI Number<br>83-03 44045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | Applied For<br>Not Applicable                                                                                                           |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br>HUBBARD, LAURA L<br>9311 NW 143RD STREET<br>ALACHUA, FL 32616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | 7. Name and Address of New Registered Agent<br>Name<br>N/A<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE <u>N/A</u> DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent signature required when existing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
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| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">TITLE</th> <th style="width: 70%;">NAME</th> <th style="width: 20%;">Delete</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>Monica L. Vickery</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2878 Whisper Bay Blvd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Gulf Breeze, FL 32563</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Christopher S. Vickery</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2878 Whisper Bay Blvd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Gulf Breeze, FL 32563</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Laura L. Hubbard</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9311 NW 143rd St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Alachua, FL 32615</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">TITLE</th> <th style="width: 70%;">NAME</th> <th style="width: 20%;">Delete</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table> </div> </div> |                        |                                                                                                                                         |  | TITLE | NAME | Delete | MGRM | Monica L. Vickery | <input type="checkbox"/> | STREET ADDRESS | 2878 Whisper Bay Blvd |  | CITY-ST-ZIP | Gulf Breeze, FL 32563 |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | MGRM | <input type="checkbox"/> | NAME | Christopher S. Vickery |  | STREET ADDRESS | 2878 Whisper Bay Blvd |  | CITY-ST-ZIP | Gulf Breeze, FL 32563 |  | TITLE | MGRM | <input type="checkbox"/> | NAME | Laura L. Hubbard |  | STREET ADDRESS | 9311 NW 143rd St |  | CITY-ST-ZIP | Alachua, FL 32615 |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | Delete |  |  | <input type="checkbox"/> | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME                   | Delete                                                                                                                                  |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Monica L. Vickery      | <input type="checkbox"/>                                                                                                                |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2878 Whisper Bay Blvd  |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Gulf Breeze, FL 32563  |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <input type="checkbox"/>                                                                                                                |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGRM                   | <input type="checkbox"/>                                                                                                                |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Christopher S. Vickery |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2878 Whisper Bay Blvd  |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Gulf Breeze, FL 32563  |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGRM                   | <input type="checkbox"/>                                                                                                                |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Laura L. Hubbard       |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9311 NW 143rd St       |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Alachua, FL 32615      |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <input type="checkbox"/>                                                                                                                |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <input type="checkbox"/>                                                                                                                |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME                   | Delete                                                                                                                                  |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <input type="checkbox"/>                                                                                                                |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <input type="checkbox"/>                                                                                                                |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | <input type="checkbox"/>                                                                                                                |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| 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 896, Florida Statutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                         |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| SIGNATURE: <u>Monica L. Vickery</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Date <u>04-16-03</u> (703)                                                                                                              |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF DOMESTIC MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | <small>Case Daytime Phone #</small>                                                                                                     |  |       |      |        |      |                   |                          |                |                       |  |             |                       |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |                          |      |                        |  |                |                       |  |             |                       |  |       |      |                          |      |                  |  |                |                  |  |             |                   |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |      |        |  |  |                          |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |       |  |                          |      |  |  |                |  |  |             |  |  |

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