

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

5/8

05-08-2003 90079 004 ****55.00

DOCUMENT # L02000033435

1. Entity Name

PALM COAST PARKWAY L.L.C.



DO NOT WRITE IN THIS SPACE

44004022

2. Principal Place of Business

500 W. Fulton St

Suite, Apt. #, etc.

3. Mailing Address

PO Box 2808

Suite, Apt. #, etc.

City & State

SANford FL

City & State

SANford FL

4. FEI Number

11-3680109

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32772

Country

USA

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID A. Gierach

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

PO Box 2808 500 West Fulton St

SANford FL 32772-2808

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMBER
NAME	DAVID A Gierach
STREET ADDRESS	500 West Fulton ST
CITY-ST-ZIP	SANford FL 32771
TITLE	MANAGING MEMBER
NAME	KARMEAN Khaseriani
STREET ADDRESS	500 West Fulton ST
CITY-ST-ZIP	SANford FL 32771
TITLE	MANAGING MEMBER
NAME	Terry M. Zaudtke
STREET ADDRESS	500 West Fulton ST
CITY-ST-ZIP	SANford FL 32771
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/6/03

CR2E0838 (12/02)