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

DOCUMENT # L02000033702 1. Entity Name MAYPORT PIONEER PROPERTIES, LLC



03 MAY -2 PM 12: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 628 West 19th Street 628 West 19th Street Suite, Apt. #, etc. Suite, Apt. #, etc.

**400017896314** 05/02/03--01056--018 \*\*\$0.00

DO NOT WRITE IN THIS SPACE

City & State Costa Mesa, CA		City & State Costa Mesa, CA			4. FEI Number 165 - 88 - 5520	,	Applied For Not Applical	
92627	Country USA	92627			5. Certificate of Status Desired	П ;	\$5.00 Additional	
	200		1.5		7. Name and Address of Current f	Registered	Agent	_
	RITE		Name Motolaw, Inc. Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE			50 North Laura Street, Suite 2500					
		The second secon		City Jackson	ville	FL	Zip Code 32202	

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

9.

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

MANAGING MEMBERS/MANAGERS

FEE IS \$50.00

Make Check Payable to Florida Department of State **DUE BY MAY 1** 

TITLE

MGRM - T. Randall Bryan, IV NAME NAME 628 West 19th Street STREET ADDRESS STREET ADDRESS Costa Mesa, CA 92627 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE THIS SPAC NAME NAME STREET APDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLÉ NAME NAME = STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

T. Randall Bryan IV