## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR ALITHORIZED REPRESENTATIVE

5/2//

Date

Daytime Phone #

## FILED May 28, 2003 8:00 am Secretary of State

05-02-2003 90756 028 \*\*\*\*50.00

DOCUMENT # L02000034436

1. Entity Name

PIEDMONT INVESTORS, LLC

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	DO: N	OT WRITE	IN THIS S	PAG	E	440027	115	
2. Principal Place of Business 6217NW 18th Arenue Suite, Apt. #, etc.			3. Mailing Address 6217 NW 18+4 AVENUE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
		·····			<del>-</del>	<u></u>		
City & State  GHINESVILLE, FL  Zin  Country			City & State  GAINESVILLE FL  Zip Country			4. FEI Number	25.00	Applied For Not Applicable
Zip 32605 Country ALACHUA		32 605	ALACHUM		5. Certificate of Status Desired 55.00 Additional Fee Required			
						7. Name and Address of Current Regi	stered Agent	
	A NATW	DITE	Name Richard D. Palmer					
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)—  6217 NW/18th Avenue				
		NTHIS SE	ACE		621	I WW 1884 AVENA	<u>~</u>	
							<del></del> -	
					City Gain	issu:ile	FL Zig	Code 2605
8. The above	named entity	y submits this statement for	r the purpose of changing it	s registere	ed office or register	ed agent, or both, in the State of Florida.	l am familiar w	ith, and accept
ine obligari	ions of regist	ered agent.						Ì
SIGNATURE Signature, typed or printed name of registrated agent and title if applicable.  OATE								
	Signature, typeo	or printac name or registered agent s		FEEIS			DATE	<del></del>
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			PROPERTY AND ADDRESS OF THE PARTY OF THE PAR	DUE BY	CANDED THE SECRET STATES			
9. ÷		MANAGING MEMBE	RS/MANAGERS				at Balanca	
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NAME STREET ANORESS	R: C	NWISTANC		HAM	TADORESS		e de la company	
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CITY-ST-ZIP	noth, there are -	Intermedia access to at 100	de a filia a de la compansión de la comp	Allen Cable	SI 70° (2)			
indicated t	on unis report	is true and accurate and t	this filing does not qualify for hat my signature shall have empowered to execute this	the same	legal effect as it ma	ction 119.07(3)(i), Florida Statutes. I furthe ade under oath; that I am a managing m or 608, Florida Statutes.	r certify that the ember or mana	e information ager of the