


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 10 AM 8:21

DOCUMENT # L03000010828 1. Entity Name H. DAVIS UPCHURCH, JR., L.C.					
Principal Place of Business UPCHURCH & ESPOSITO, P.A. 1510 N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084			Mailing Address UPCHURCH & ESPOSITO, P.A. P.O. BOX 3956 ST. AUGUSTINE, FL 32085		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
UPCHURCH, H. DAVIS JR. 1510 N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR UPCHURCH, H. DAVIS JR 1510 PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			200048889372 03/22/05--01078--005 **250.00		
SIGNATURE: <u><i>H. Davis Upchurch Jr.</i></u> MANAGER			3-7-05 (904) 825-1990		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		