

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028473

FILED
Apr 20, 2004
Secretary of State

Entity Name: UNCIVIL PROPERTIES, LLC

Current Principal Place of Business:

301 E. 1ST STREET
3RD FLOOR
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 639
PORT ST. JOE, FL 32457 US

New Mailing Address:

FEI Number: 81-0629094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROOM, PAUL W II
206 E. FOURTH STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JONES, PHILIP A
Address: 505 NAUTILUS DRIVE
City-St-Zip: ST. JOE BEACH, FL 32456 US

Title: MGRM () Delete
Name: KENNEDY, WILLIAM J
Address: 1612 MONUMENT AVENUE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM () Delete
Name: FOREHAND, CHRISTOPHER B
Address: 1409 INVERNESS ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: KNAUER, CLIFFORD L
Address: 110 GOLF CLUB DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM () Delete
Name: KENNEDY, DAVID
Address: 140 BETTY DRIVE
City-St-Zip: PORT ST. JOE, FL 32456 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHILIP A JONES

MGRM

04/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date