2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9400000148 1. Entity Name					FILEO			
SUNNY HILL PLANTATION, L.C.					00 JAN 18 PM 2: 52			
				. <u>.</u>	SECRETAR	Y OF STATE SEE, FLORIDA		
Principal Place of Business Mailing Address 735 BROAD ST., SUITE 1108 735 BROAD ST., SUITE 1108					IALLAHASS	EE, FLORIDA		
CHATTANOOGA TN 37402 CHATTANOOGA TN 37402-2935			İ					
2. Principal P	lace of Business	3. Mailing Address			2 I DODINANI BIYO NAMIK OYANI ODDIN BAHNI BAHNI BOHNI ODDIN ODDIN 1810 HONI BIODA 1811 1884			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State	θ	City & State		4. FEI Number 59-323	 5581 ·	Applied For Not Applicable		
Zip	Country	Zip Count		у	5. Certificate of Status Des	sired	00 Additional Required	
	6. Name and Address of Current F	Registered Agent	T		7. Name and Address of		•	
CANTAD, J. MARSHALL Street Addres								
WASHINGTON SQUARE BUILDING					P.O. Box Number is Not Acce	ptable) 	,	
	'H CALHOUN STREET SSEE FL 32302		-	City			Zip Code	
					and a section to the Charles			
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.								
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
···		FILE NO	OW!!! FI	EE IS \$50.00				
		Make Check Pa	yable to	Department of	f State			
9.	MANAGING MEMBE		10.		ADDIT	TONS/CHANGES		
TITLE NAME	MGRM MCKENZIE, W. THORPE	☐ Celete	TITLE		3000	031177 2/01/00010	Change Addition	
STREET ADDRESS CITY-ST-ZIP	735 Broad Street, Suite 1108 Chattanooga TN 37402		STREET CITY-S	T ADDRESS FT-ZEP		2/01/00010 ****50.00 *	37UU7 ****50.08	
ШЕ		☐ Delete	TITLE				Change Addition	
NAME STREET ADORESS			STREET	ADDRESS				
CITY-81: ZIP	-	☐ Delete	CITY-8	iT- ZIP	<u> </u>		Change	
MAME			NAME	I I DODA		_		
STREET ADDRESS CITY; 81-ZIP			CITA-S	T ADDRESS				
TITLE, NAME		☐ Dedecte	TITLE		1 // /		Change Adultion	
STREET ADDRESS			1	ADDRESS	\ X \			
CITY-81-ZIP		C Octata	TITLE				Change Addition	
NAME STREET ADDRESS		,	NAME STREET	ADDRESS				
CITY-81-ZIP			CITY- 8				· · · · · · · · · · · · · · · · · · ·	
TITLE NAME		☐ Celets	TITLE Name		01 (2.100	. 🗆 🕻	Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-\$	ADDRESS				
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.								
iimieo iia	onity company of the receiver of trustee	empowers is execute this	-/1/	Course by Chapt	,		,	
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGIN MEMBER OR MANAGER Date Date Dayline Phone #								