

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L94000000148**

1. Entity Name  
**SUNNY HILL PLANTATION, L.C.**

**FILED**

**00 JAN 18 PM 2:52**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
735 BROAD ST., SUITE 1108      735 BROAD ST., SUITE 1108  
CHATTANOOGA TN 37402      CHATTANOOGA TN 37402-2935



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3235581**      Applied For  
Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANTAD, J. MARSHALL  
WASHINGTON SQUARE BUILDING  
227 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32302**

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.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	MCKENZIE, W. THORPE	735 BROAD STREET, SUITE 1108 CHATTANOOGA TN 37402				

**300003117753--5**  
**-02/01/00--01037--007**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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.

**SIGNATURE:** \_\_\_\_\_ **1-14-00** **423-266-3544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #