

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00288899 AF

**DOCUMENT # L94000000148**

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

01 APR 24 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 735 BROAD ST., SUITE 1108 CHATTANOOGA TN 37402	Mailing Address 735 BROAD ST., SUITE 1108 CHATTANOOGA TN 37402
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3235581**

Applied For  
Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GANTAD, J. MARSHALL~~ *correction on spelling →*  
WASHINGTON SQUARE BUILDING  
227 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32302

Name **Conrad, J. Marshall**

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

**900004078549--6**  
-04/25/01--01104--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS  Delete

10. ADDITIONS/CHANGES  Change  Addition

TITLE NAME	<b>MGRM MCKENZIE, W. THORPE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>735 BROAD STREET, SUITE 1108</b>	
CITY-ST-ZIP	<b>CHATTANOOGA TN 37402</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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.

SUNNY HILL PLANTATION, L.C.  
**SIGNATURE** By: *W. Thorpe McKenzie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
**W. Thorpe McKenzie, Managing Member**

Date **4/18/2001** Daytime Phone #

CR2E083 (11/00)