

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90079 033 \*\*\*\*50.00

**DOCUMENT # L94000000296**

1. Entity Name

**SOUTHLANTIC INVESTMENTS, L.L.C.**

Principal Place of Business

7257 NW 4TH BLVD., PMB 167  
 GAINESVILLE FL 32607

Mailing Address

7257 NW 4TH BLVD., PMB 167  
 GAINESVILLE FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3260287**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DECHOW, GERALD**  
**3400 S. TAMIAMI TRAIL**  
**SUITE 301**  
**SARASOTA FL 34235**

7. Name and Address of New Registered Agent

Name

**Gregory J. Porges**

Street Address (P.O. Box Number is Not Acceptable)

**1205 Manatee Avenue West**

City

**Bradenton**

**FL**

Zip Code  
**34205**

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

*[Signature]*  
**4/25/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	PHILLIPS, JOSEPH C	8719 SW 42ND PL	GAINESVILLE FL 32608	<input type="checkbox"/>
MGR	GWINN, THERESIA A	P.O. BOX 2594	BECKLEY WV 25801	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Mgr	Anthony C. Phillips	130 Brookshire Lane	Beckley, WV 25801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (9/01)

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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/19/02**

Date

Daytime Phone #