

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003609

DOCUMENT # L96000000177

1. Entity Name

PANACEA PORTFOLIO, LIMITED COMPANY

FILED

02 SEP 25 PM 2: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

217 SOUTH ADAMS STREET  
TALLAHASSEE FL 32301

Mailing Address

C/O OWEN GOODWYNE  
P.O. BOX 1386  
TALLAHASSEE FL 32302-1386

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 59-3385819

Applied For

Not Applicable

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

GOODWYNE, OWEN  
217 SOUTH ADAMS STREET  
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

500008125405--9  
-10/01/02--01028--010  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME WALKER, JAMES P  
STREET ADDRESS 2724 LOMBARDY AVENUE  
CITY-ST-ZIP MEMPHIS TN 38111-1922

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM  
NAME COLLINS, PATRICIA B  
STREET ADDRESS 42 BAYOU ROAD  
CITY-ST-ZIP LIVE OAK ISLAND FL 37327

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM  
NAME COX, BURTON H  
STREET ADDRESS 42 BAYOU ROAD  
CITY-ST-ZIP LIVE OAK ISLAND FL 37327

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E083 (4/02)

PATRICIA COLLINS 9/24/02 850/385-8525