02/05/2002 12:58 8505843224 SOUTHERN OAK

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90134 013 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000681

1. Entity Name

SOUTHERN OAKS R.V. CAMPGROUND, LIMITED COMPANY

DO NOT WRITE IN THIS SPACE

954588

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2. Principal Place of Business	3. Mailing Address
3641 Highway 19 South	83 Sunrise Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Perry FL	City & State: Panacea FL
Zip: 32348 Country: Taylor	Zip: 32346 Country: Wakulla

4. FEI Number: 59-3459461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Black, George T

Street Address (P.O. Box Number is Not Acceptable): 83 Sunrise Lane

City: Panacea FL Zip Code: 32346

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 X [signature] 4/25/02

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Black, George T 83 Sunrise Lane Panacea, FL 32346	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Black, Rebecca G 83 Sunrise Lane Panacea, FL 32346	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E063B (12/01)

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] 4/25/02 (850) 984-0236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #