

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM****Secretary of State****DOCUMENT # L97000001325**1. Entity Name
LTD ASSOCIATES, L.C.

Principal Place of Business 1417 SADLER ROAD, UNIT 264 AMELIA ISLAND FL 320344466	Mailing Address 1417 SADLER ROAD, UNIT 264 AMELIA ISLAND FL 320344466
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2. Principal Place of Business 1417 SADLER ROAD, PMB 264	3. Mailing Address 1417 SADLER ROAD, PMB 264
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State AMELIA ISLAND FL	City & State AMELIA ISLAND FL
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Zip 320344466	Country	Zip 320344466	Country
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4. FEI Number 59-3478491	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MORRIS CLYDE 5389 FLORENCE POINT DRIVE FERNANDINA BEACH FL 32034 US		7. Name and Address of New Registered Agent Name MORRIS CLYDE C Street Address (P.O. Box Number is Not Acceptable) 5389 FLORENCE POINT DRIVE City FERNANDINA BEACH FL Zip Code 32034	
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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 **CLYDE C. MORRIS****04/28/2001**

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

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNG RICHARD H 1285 CANOPY DRIVE FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG RICHARD H 1285 CANOPY DRIVE FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTMAN GRACE 2205 HADDINGTON ROAD ROSEVILLE MN 55113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITAKER BRETT 1698 BLUE HERON LANE FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS CLYDE 5389 FLORENCE POINT DRIVE FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS CLYDE C 5389 FLORENCE POINT DRIVE FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRG RICHARDS JANE ADAMS 1417 SADLER ROAD, UNIT 264 AMELIA ISLAND FL 320344466	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDS JANE ADAMS 1417 SADLER ROAD, PMB 264 AMELIA ISLAND FL 320344466	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDS PETER C 1417 SADLER ROAD, UNIT 264 AMELIA ISLAND FL 320344466	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDS PETER C 1417 SADLER ROAD, PMB 264 AMELIA ISLAND FL 320344466	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Clyde C. Morris

MGR 04/28/2001

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

Date

Daytime Phone #

CR2E083 (11/00)