

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L97000001325

Entity Name: LTD ASSOCIATES, L.C.

FILED  
Apr 10, 2003  
Secretary of State

## Current Principal Place of Business:

1417 SADLER ROAD, PMB 264  
AMELIA ISLAND, FL 320344466

## New Principal Place of Business:

## Current Mailing Address:

1417 SADLER ROAD, PMB 264  
AMELIA ISLAND, FL 320344466

## New Mailing Address:

FEI Number: 59-3478491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRIS, CLYDE C  
5389 FLORENCE POINT DRIVE  
FERNANDINA BEACH, FL 32034 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: RICHARDS, PETER C  
Address: 1417 SADLER ROAD, PMB 264  
City-St-Zip: AMELIA ISLAND, FL 320344466

Title: MGR ( ) Delete  
Name: RICHARDS, JANE ADAMS  
Address: 1417 SADLER ROAD, PMB 264  
City-St-Zip: AMELIA ISLAND, FL 320344466

Title: MGR ( ) Delete  
Name: MORRIS, CLYDE C  
Address: 5389 FLORENCE POINT DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete  
Name: WHITAKER, BRETT  
Address: 1698 BLUE HERON LANE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete  
Name: YOUNG, RICHARD H  
Address: 1285 CANOPY DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: WHITAKER, BRETT  
Address: 4143 NORTSHORE DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM (X) Change ( ) Addition  
Name: YOUNG, RICHARD H  
Address: 1337 AUTUM TRACE  
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

04/10/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date