2001	UNIFORM	<b>BUSINESS</b>	REPORT (	(ORK

2001		14EOO IIEF O		(0511)	1				24758
DOCUI 1. Entity Name	MENT# <b>L980</b> 0		,				86 <u>-</u>		
BRATTLOF DEVELOPMENT GROUP, L.C.			•			FLLLU	~~ <u>~</u>		.,
					.0,1	JAN_19 PM 3	: 54		
Principal Place of Business Mailing Address							_ ,		
7 FLORIDA PA	ARK DRIVE. SUITE F	P.O. BOX 351429 PALM COAST FL 32135-1429			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
PALMI GUASI	FL 32137	TADM CONCI TE SEIGE	720					11110 (911 10 <b>1</b> 1	
O Data da al Di	and Durings	O Mailing Addrson							
z. Principal Pi	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		OO NOT WRITE IN THIS SPACE					
City & State	3	City & State		4. FEI Numbe	59-3522117	<del></del>	plied For at Applicable		
Zip	Country	Zip	Countr	ry	5. Certificate	of Status Desired	\$5.00 Add	fitional	
-	6. Name and Address of Current I	Registered Agent		·	7. Name and	Address of New Registere	Fee Require d Agent	<u> </u>	
				Name	-		•		
PALMETTO CHARTER SERVICES, INC.			-	Street Address (P.O. Box Number is Not Acceptable)					
	NOLIA AVENUE , BEACH FL 32115-2491		-					· · · · ·	•
DATIONA	DEACHTE OF 10-E-101		ŀ	City		F	Zip Code	е	
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or register	ed agent, or both				1
				,					
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating)	DATE	É		
		FILE N	OW!!! F	EE IS \$50.00	•		•		
		Make Check Pa	ayable to	Department o	f State	•			
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHANG	iES		
TITLE	MGRM	Delete	TITLE NAME	l l	•		☐ Change	☐ Addition	2E083 (11/00)
NAME STREET ADDRESS	THORNHILL, LESLIE 7 FLORIDA PARK DRIVE, SUITE	=		T ADDRESS	3	0000357	6053	4	83 (1
CITY-ST-ZIP	PALM COAST FL 32137			ST-ZIP		01/26/01- *****55.0	-U1U34	IJIJ8 <del>55-00</del>	ZEO.
TITLE NAME	MEM THORNHILL, DARRYL	☐ Delete	TITLE NAME			**************************************	.∩ (∏.Guange	Pagetion	5
STREET ADDRESS	7 FLORIDA PARK DRIVE, SUITE	F		T ADDRESS	•				
CITY-ST-ZIP	PALM COAST FL 32137	☐ Delete	TITLE	ST-ZIP			☐ Change	Addition	┨
_TITLE NAME	MEM	□ Delete	NAME	<b>I</b>	-	manananan araba da maranan araba da marana		. — Maamaiji	
STREET ADDRESS CITY-ST-ZIP	7 FLORIDA PARK DRIVE, SUITE	F		T ADDRESS ST-ZIP		- •			
TITLE	PALM COAST FL 32137 MEM	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	GARDNER, NANCY		NAME		بال				
STREET ADDRESS CITY-ST-ZIP	7 FLORIDA PARK DRIVE, SUITE PALM COAST FL 32137	<b>F</b>		ST-ZIP	- 1				
TITLE	MEM	☐ Delete	TITLE				Change	☐ Addition	ĺ
NAME CTREET ADDRESS	Brattlof, Joan M	-	NAME	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP	7 FLORIDA PARK DRIVE, SUITE PALM COAST FL 32137			ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME & STREET ADDRESS			NAME STREE	ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
11. I hereby c	ertify that the information supplied with on this report is true and accurate and	this filing does not qualify for that my signature shall have	or the exen	nption stated in Se legal effect as if n	ection 119.07(3)( nade under oath	i), Florida Statutes. I further that I am a managing mer	certify that the in	nformation er 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 SI

9 0 4 9 9 9 3 0 7 9 Daytime Phone #