

2000 UNIFORM BUSINESS REPORT (UBR)

0009693 AF

DOCUMENT # L98000002465

1. Entity Name
SOUTHERN PINES DEVELOPMENT, L.L.C.

FILED

00 MAR 23 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business 205 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32117 | Mailing Address 205 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32118-4121 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 32118 | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|---|

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3541662 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent EVERY, D. KELLY 205 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32117 |
|--|

| |
|--|
| 7. Name and Address of New Registered Agent 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.

| | | |
|---|--|------|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| <p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State</p> | | |

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR EVERY, D. KELLY 205 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32117 <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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300003198256-80 -04/06/00--01059--006 *****50.00 *****50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <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 | <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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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: <u>SICON KILLER REQUIRED</u> | 3/21/2000 | 904-852-9495 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | Date | Daytime Phone # |

CR2E083 (9/99)