## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003518							
1. Entity Name MY LAST FEW YEARS, L.C.					FILED		
WIT 25.01	1217 12 110, 210.				OO MAD IS DU	o- 50	
Principal Place of Business Mailing Address					00 MAR 13 PM 2:50		
P.O. BOX 2253 P.O. BOX 2253					SECRETARY OF ST TALLAHASSEE, FLO	ATE	
SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL			. 32459-2253		TALLAHASSEE, FLO	JRIDA'	
		,				ESTEE WELLENGT	OFFICIÁL OFFI
Principal Place of Business     3. Mailing Address					1980/18/4 9/4 19/4/ 14/4/ 18/4/ 18/4/ 18/4/ 18/4/ 18/4/		
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt, #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEi Number 59-3559494	<u> </u>	pplied For of Applicable
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired	\$5.00 Add	
	6. Name and Address of Curre	ent Registered Agent	<u> </u>	1	7. Name and Address of New Registered	Fee Required	0
				Name			
HESS, BRIAN D				Street Address (P.O. Box Number is Not Acceptable)			
9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407				<del></del>			-
THE STATE OF THE SECOND ST				City	FL Zip Code		
A The above	named entity cultmits this statemen	t for the nurnose of changing it	s register	ed office or regis	stered agent, or both, in the State of Florida.		
0. 1110 00000	, married driving godinie and statemen	troi ino purpose or orienging in	o rogioto.	ou omeo or regio	Notice agoing or soon, in the state of the state.		
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable, (NO	TE: Registere	d Agent signature requ	Uired when reinstating) DATE		
	<u> </u>	FILE N	OWILL		One since 2		
	••	Make Check P					ļ
9. MANAGING MEMBERS 10.				<u></u>	ADDITIONS/CHANGE	<u> </u>	<del></del>
TITLE	MGRM	Delete	TITU	i	Abbinonogoninida	☐ Change	Addition
NAME STREET ADDRESS	ROBINS, RAYMOND N		MASS	EET ADDRESS			
CITY-81-ZIP	P.O. BOX 2253 SANTA ROSA BEACH FL 324	59		- \$1 - ZIP			
TITLE		☐ Delete	TITL	•		Change	Addition
NAME, STREET ADDRESS	ه ا		NAM STRE	ET ADDRESS	<b>60000318</b> 3 -03/24/00	01115	021
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STREET ADDRESS CITY-81-21P			- 4	ET ADDRESS - ST- ZIP			ĺ
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NAME STREET ADDRESS			NAM STRE	E ET ADBRESS		1	
CITY-ST-ZIP			CITY	-ST-ZIP	(	dec	
indicated	certify that the information supplied of this report is true and accurate a sbility company or the receiver or true	ind that my signature shall have	the same	e legal effect as i	Section 119.07(3)(i), Florida Statutes. I further of if made under oath; that I am a managing memba apter 608, Florida Statutes.	rtify that the ir per or manage	nformation or of the

ASTRONOMINE OF SIGNING MANAGING MEMBER OF MANAGER

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

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