

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000000033

FILED  
Aug 13, 2003  
Secretary of State

Entity Name: BUNNELL CYPRESS, L.L.C.

## Current Principal Place of Business:

295 SAWGRASS ROAD  
BUNNELL, FL 32110

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1207  
BUNNELL, FL 32110

## New Mailing Address:

FEI Number: 59-3551718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

APPLEBY, CHARLES C  
9250 BAYMEADOWS ROAD, SUITE 2200  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

APPLEBY, CHARLES C  
9995 GATE PARKWAY, SUITE 200  
JACKSONVILLE, FL 32246 US

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:

08/13/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MEM ( ) Delete  
Name: SOUTHLAND FOREST PRO, DUCTS, L.L.C.  
Address: 295 SAWGRASS ROAD  
City-St-Zip: BUNNELL, FL 32110

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SOUTHLAND FOREST PRO, DUCTS, L.L.C.  
Address: 295 SAWGRASS ROAD  
City-St-Zip: BUNNELL, FL 32110

Title: MGR ( ) Change (X) Addition  
Name: ALLMAN, WILLIAM P MGR  
Address: PO BOX 1207  
City-St-Zip: BUNNELL, FL 32110 12

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: WILLIAM P ALLMAN

MGR

08/13/2003

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