

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016913 AF

DOCUMENT # L99000000864

1. Entity Name
MENAGE 3, L.L.C.

00 APR -3 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4514 CHAMBLEE DUNWOODY ROAD
DUNWOODY GA 30338

Mailing Address
2367 RIVERGLENN CIR.
DUNWOODY GA 30338-5940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7305 Hwy. 98 (Menage)
Suite, Apt. #, etc.

3. Mailing Address
ABOVE
Suite, Apt. #, etc.

Unit #5
City & State
St. Joe Beach, FL

City & State

4. FEI Number 58-2435541
APPLIED FOR
Applied For
Not Applicable

Zip 32456 Country USA Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HARMON, BARBARA G
1402 HIGHWAY 98
MEXICO BEACH FL 32410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARRIS, DAVID T 43 OSPREY CIRCLE OKATIE SC 29910	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800003218058--2 -04/21/00--01014--016 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOON, N. EILEEN 800 MT. KATAHDIN TRAIL ALPHARETTA GA 30022	<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	MGRM JACKSON, DAVID E SR. 2367 RIVERGLENN CIRCLE DUNWOODY GA 30338	<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: *David E. Jackson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-30-2000 770-458-9261
Date Daytime Phone #

CR2E083 (9/99)