

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000002538

1. Entity Name
FIRST SOUTH PROPERTIES, L.L.C.

Principal Place of Business 1416 NORTH OHIO STREET LIVE OAK 32060	FL	Mailing Address POST OFFICE BOX 10 LIVE OAK 32060	FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address POST OFFICE BOX 10 Suite, Apt. #, etc.
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City & State LIVE OAK	FL
Zip 32060	Country US

4. FEI Number 59-3294961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DARBY MICHAEL M
1416 NORTH OHIO STREET

LIVE OAK FL
32060

7. Name and Address of New Registered Agent

Name
DARBY MICHAEL M
Street Address (P.O. Box Number is Not Acceptable)
1416 NORTH OHIO STREET

City
LIVE OAK FL Zip Code
32060

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 _____ DATE 04/12/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIRST SOUTH, INC. 1416 NORTH OHIO STREET LIVE OAK FL 32060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIRST SOUTH, INC. 1416 NORTH OHIO STREET LIVE OAK FL 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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.