## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900003662

1. Entity Name

P & A PROPERTIES, LLC.

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**FILED** May 07, 2003 8:00 am Secretary of State
05-07-2003 90043 013 \*\*\*\*50.00

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE O Delete TITLE O Delete O Delete TITLE O Delete O Del									
KINGSPORT TN 37880  2. Principal Place of Business  Suite, Apr. 4, etc.  Suite, Apr. 4, etc.  Suite, Apr. 4, etc.  City & State  Applied For National Place of Status Desired  So. 00 Additional Fee Required  Per Required  Agent  Nicroe  Street Address (P.O. Box Number is Not Acceptable)  St	Principal Plac	e of Business	Mailing Address						
Suite. Apt. 4, etc.   CHECK HERE IF MAKING CHANGES    City & State   City & City & State   City & City & State   City & State   City & City & State   City & City & City & State   City & City & City & State   City &									
Suite. Apt. 4, etc.   CHECK HERE IF MAKING CHANGES    City & State   City & City & State   City & City & State   City & State   City & City & State   City & City & City & State   City & City & City & State   City &		, <u></u>	<u></u>		<u></u>		in <b>an is</b> ia kama ta		
City & State  Country  State  Country  State	2. Principal P	lace of Business	3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired S. S. O2 Additional Fee Required Registered Agent  6. Name and Address of Current Registered Agent  MCKAREN, SAM 830 GULF SHORES DRIVE NO. 502S  DESTIN FL 32541  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and ac	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
Country   Zip	City & State		City & State		4. FEI Num	ber <b>59-3588629</b>	<del></del>		
MCKAREN, SAM 830 GULF SHORES DRIVE NO. 5025  DESTIN FL 32541  City FL Zip Codo  City FL Zip Codo  City FL Zip Codo  City FL Zip Codo  6. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent.  SIGNATURE    City FL Zip Codo    City FL   Zip Codo	Zip Country		Zip	Zip Country		5. Certifica	te of Status Desired	□ \$5.00 Ac	ditional
MCKAREN, SAM 830 GULF SHORES DRIVE NO. 5025  DESTIN FL 32541  City FL Zip Code  City FL Zip Code  6. 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. J am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. J am familiar with, and accept the obligation of FLORIDA (International Appendix Appen		6. Name and Address of Current	Registered Agent	<del></del>		7. Name ar	d Address of New Regi	Istered Agent	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code			<del></del>		Name				
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. I am familiar with, and accept the colligations of registered agent.  SIGNATURE    Signature, types or printed name of registered agent and 50% if application.   PATE   Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.   PATE   PROPRIET   PATE   P	830	<b>GULF SHORES DRIVE NO. 5025</b>		ļ	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	DES	TIN FL 32541							
the obligations of registered agent.  SIGNATURE    Signature, hyped or printed name of registered agent and 15th # applicable.   NOTE: Registered Apent algoristive required when retinulating)   Date		•		ļ	City	<u>-</u>		FL Zip Coo	de
FILE NOW!! FEE IS \$50.00  Make Check Payable to Fiorida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITTLE ADAMS, DONALD W STREET ADDRESS CITY-ST-ZIP KINGSPORT TN CITY-ST-ZIP TITLE OD EAST STONE DRIVE KINGSPORT TN  Delete  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP SIREET ADD			or the purpose of changing its	registere	d office or register	ed agent, or b	oth, in the State of Florid	a. I am familiar with	, and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MGRM   Delete   TITLE   NAME   STREET ADDRESS	SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature required	when reinstating)	<del></del>	DATE	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES   Addition   MGRM   Delete   TITLE   ADAMS, DONALD W   STREET ADDRESS   CITY-ST-ZIP   CTANGE   TITLE   CTANGE   Addition   MGRM   Delete   TITLE   CTANGE   Addition   MGRM   TITLE   CTANGE   TITLE   CTANGE   Addition   MGRM   TITLE   CTANGE   TITLE   CTANGE   Addition   MGRM   TITLE   CTANGE   TITLE							<del>-</del>		-
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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			4 6 60				VIII		

Indicated in the information supplied with this ining does not qualify for the exemption stated in Section 119.07(3)(), Foreign states. Hurther 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE