

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90037 033 \*\*\*\*50.00

**DOCUMENT # L99000003882**

1. Entity Name

**SOS DEVELOPMENT, LLC**

Principal Place of Business

**SUITE C-105  
2002 RICHARD JONES ROAD  
NASHVILLE TN 37215-8385**

Mailing Address

**PO BOX 158385  
NASHVILLE TN 37215**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**62-1786353**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required****6. Name and Address of Current Registered Agent****BUILDER, J. LINDSAY JR  
369 N. NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK FL 32789****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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, SAMUEL L III</b>	
STREET ADDRESS	<b>2002 RICHARD JONES RD., STE. C105</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:** *Samuel L Johnson III* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-21-02

615-385-4946

Date

Daytime Phone #

CR2E083 (9/01)