

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

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

0007157

DOCUMENT # **L99000005287**

1. Entity Name

**TELLURIC GROUP, L.L.C.**



08-25-2003 90043 002 \*\*\*\*50.00

Principal Place of Business: **4600 TOUCHTON ROAD, BLDG 100, STE 150 JACKSONVILLE FL 32246**  
Mailing Address: **4536 BULL RUN ROAD JACKSONVILLE FL 32210**

2. Principal Place of Business: **4536 BULL RUN ROAD**  
3. Mailing Address: [Blank]

Suite, Apt. #, etc. [Blank]

City & State: **JACKSONVILLE, FLORIDA**

Zip: **32210** Country: **DUVAL**

4. FEI Number: **59-3594731**  
Applied For:  Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent  
**GARRETT, JAMES B  
4536 BULL RUN ROAD  
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent  
Name: [Blank]  
Street Address (P.O. Box Number is Not Acceptable): [Blank]  
City: [Blank] FL Zip Code: [Blank]

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 obligations of registered agent.

SIGNATURE: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARRETT, J. BRIAN 4536 BULL RUN ROAD JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: **BRIAN GARRETT**  
Date: **10 AUGUST 2003** Daytime Phone #: **912-264-1899**

CR2E083 (4/03)