

2002 UNIFORM BUSINESS REPORT

L99000005404
FILED

0003809

DOCUMENT # L99000005404

1. Entity Name

PECAN MANOR APARTMENTS, L.L.C.

03 FEB 10 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

850 NORTH JEFFERSON STREET, APT 9
MONTICELLO FL 32344

Mailing Address

850 NORTH JEFFERSON STREET, APT 9
MONTICELLO FL 32344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello, FLORIDA

Zip

Country

Zip

Country

32345

Jefferson

4. FEI Number

59-3598937

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, BUSTER
LEWIS & WHITE, L.L.C.
222 WEST GEORGIA STREET
TALLAHASSEE FL 32301

Change to →

Name T. Buckingham Bird

Street Address (P.O. Box Number is Not Acceptable)

385 North Jefferson St.

City Monticello

FL

Zip Code 32344

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 T. Buckingham Bird

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

(NOTE: Registered Agent signature required when reinstating)

11/27/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BESHEARS, ROBERT T
STREET ADDRESS 850 NORTH JEFFERSON STREET #9
CITY-ST-ZIP MONTICELLO FL 32344

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400009582114
12/18/02--01089--005 **155.00

☐ Change ☐ Addition

TITLE MGR
NAME Beshears, Cristin
STREET ADDRESS 2525 S. Jefferson
CITY-ST-ZIP Monticello, FL 32344

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400009582114
02/11/03--01019--003 **50.00

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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: Cristin B. Beshears 12-16-02 850-251-4392

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

Date

Daytime Phone #

CR2E083 (4/02)