


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005715

1. Entity Name
BUCK KNOB ASSOCIATES, L.L.C.



FILED

03 SEP 30 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address

**3999 CHICORA WOODS PLACE
JACKSONVILLE FL 32224** **3999 CHICORA WOODS PLACE
JACKSONVILLE FL 32224**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3598156** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TURNER, THOMAS C
3999 CHICORA WOODS PLACE
JACKSONVILLE FL 32224**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE Delete

NAME **P TURNER, SUSAN B**

STREET ADDRESS **3999 CHICORA WOODS PLACE**

CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP **400023445844**

TITLE Delete

NAME **V TURNER, BRETT S**

STREET ADDRESS **720 WATERFORD LANDING RD.**

CITY-ST-ZIP **RICHMOND HILL GA 31324**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP **09/30/03--01054--024 *\$50.00**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

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: *A Susan B. Turner* **REQUIRED** 9/20/03 (904) 992-8828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #