## 2000 UNIFORM BUSINESS REPORT (UBR)

## L99000007898 DOCUMENT # 1. Entity Name OO MAY 25 PM 12: 38 GADSDEN PARTNERS, L.L.C. SECRETARY OF STATE JALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4699 N. MONROE ST. 4699 N. MONROE ST. TALLAHASSEE FL 32303-7009 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country \$5.00 Additional Zìp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOOTH. HURLEY H JR** Street Address (P.O. Box Number is Not Acceptable) 4699 N. MONROE ST. TALLAHASSEE FL 32303 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. MGR ■ Addition TITLE ☐ Change TITLE BOOTH, HURLEY H JR NAME MAME 4699 N. MONROE ST. STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CFTY - \$1-71P Addition Change TITLE ☐ Detete TITLE NAME NAME 500003291445---06/15/00--01073--005 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-8T-ZIP \*\*\*\*\*50.00 米機識数50m Ullerion ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-81-ZIP ☐ Addition ☐ Delete TITLE ☐ Chande TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-8T-ZIP ☐ Deteta Change Addition MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 certain 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 certain 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

limited liability company or the

SIGNATURE:

APPROVED