

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007937

1. Entity Name

DEER POINT PLANTATION, L.C.

FILED

01 JUN 13 AM 10:04

Principal Place of Business

Mailing Address

900 Dolphin Harbour Drive
Panama City Beach FL 34207

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3669891

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BURKE, LES W.
221 MCKENZIE AVENUE
Panama City FL 32401

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
STECOM, Howard D MGR
11619 Front Beach Road
Panama City Beach FL 32407

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Hudlow, Michael W. MGR
900 Dolphin Harbour Drive
Panama City Beach FL 32407

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
800004433308--8
-06/20/01--01097--027

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
*****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
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

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

Date

Daytime Phone #

CR2E083 (11/00)