2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Holo. M. Fylm.

DOCUMENT # L9900009305						FILE	D .	
1. Entity Name					2003 H	IAY -7 A	M 10: 24	
EXUM, LLC					_			
					191915101 All I	Y UF CORP	ORATIONS	
Principal Plac		Mailing Address			i HLLi	AHASSEE,	FLURIDA	
C/O GEORGE W. HILLEGRASS 233 PEACHTREE STREET NE		C/O GEORGE W. HILLEGRASS 233 PEACHTREE STREET NE		,				
ATLANTA GA 30303 ATLANTA GA 30303			-			+0121 CD (11 CO (11 CO (1	ti 88 tii 80 11 8 181 28 2111 0 8	1981 Avic (88)
0.0000000000		Ta Maria						
2. Principal Place of Business 40 GEOVAE W. Hilleauss Clo Geovae W. Hille			#:\\a.	64.65	6 100 (100) DE 10 (10	THE BUILD FROM THE	IS DRUM BOSIE IDIOC ISUS DO	
Suite, Apt. #, etc. Suite, Apt. #, etc.			HILLIE	7463	Псн	: IECK HEBE IE N	MAKING CHANGES	
1200 Azhwood Pkwy, Ste 300		1200 tshwood PKMy, Stc 300					- 	
City & State Manta GW		City & State Atlantu, GA			4. FEI Number 5	8-2522726	 	plied For t Applicable
Zip	Country	7:0	Country	у	5. Certificate of Statu	re Desired #	\$5.00 Add	
3037		1 70000					Fee Required	
	6. Name and Address of Current I	7. Name and Addres	ss of New Hegi	stered Agent				
HILLEGRASS, WILLIAM				Characteristics (ICC Day Number in New Association)				
427 NORTH 3RD STREET JACKSINVILLE BEACH FL 32250			L	Street Address (P.O. Box Number is Not Acceptable)				
			Ì	100018948141 05/14/0301070004 **50.00				
				City			FL Zip Code	
8. The above	named entity submits this statement for	ed agent, or both, in the	e State of Florida		and accept			
the obligat	ions of registered agent.			•	_	,		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd little if annitrable (NOTE:	Registered &	Agent signature required	when reinstation	1	DATE	
		FLENO	44.5	maril and a second of				
		Make Check Payable				*		į
		Due State State						ĺ
9.	MANAGING MEMBER	RS/MANAGERS	10.		/	ADDITIONS/CH		
TITLE NAME	MGRM EXUM, HELEN	☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS	410 WEST BROW ROAD		*	T ADDRESS		}		
CITY-ST-ZIP	LOOKOUT MOUNTAIN TN 37350	<u> </u>	CITY-S	ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			name Street	ADDRESS			-	}
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CITY-ST-ZIP			CITY-S					
TITLE		☐ Delete	TITLE				☐ Change	Addition
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CITY-ST-ZIP			CITY-S	- 1		.j		
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U11-31-ZIP	1			··				
TITLE		☐ Delete	TITLE	,		4	☐ Change	Addition
TITLE NAME		☐ Delete	NAME				☐ Change	Addition
TITLE		☐ Delete	NAME	I ADDRESS		3 3 3 3 4	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby (certify that the information supplied with	this filing does not qualify for	NAME STREET CITY-S	T ADDRESS ST-ZIP	ction 119.07(3)(i), Floric	da Statutes, I fur	ther certify that the in	nformation
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby condicated	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or trusted HELEN M	this filing does not qualify for	NAME STREET CITY-S the exem	I ADDRESS ST-ZIP	nade under nath: that I	am a marianing	ther certify that the in	nformation

4-15-02