## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 12, 2002 8:00 am Secretary of State 05-12-2002 90577 037 \*\*\*\*50.00

DOCUMENT # M000000000 95	<del></del>
Douglas Family, LLC	

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2/p 32217 US 32217 US 5. Certificate of Status Desired \$5.00 Additional Fee Required  7. Name and Address of Current Registered Agent Name Blackburn Dennis L.  Street Address (P.O. Box Number is Not Acceptable) Lob 20 South Point Building City acksanvile, FL Zip Code 32216  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  FEE IS \$50.00  Make Check Payable to Department of State DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS		<b>E</b>	N THIS SPA	OT WRITE II	DO NOT	
Sile, Apt. II. Biol.  VIII a 104  A FEI Number  FA - 304 4572  Not Applied For Not Applied For Not Applied For Not Applied For Required  Fee Required  7. Name and Address of Current Registered Agent  Name  Name			. Mailing Address		Place of Business	2. Principal
Sile, Apt. II. Biol.  VIII a 104  A FEI Number  FA - 304 4572  Not Applied For Not Applied For Not Applied For Not Applied For Required  Fee Required  7. Name and Address of Current Registered Agent  Name  Name		rest Way N.	730 Eppina	Forest Way N. 6	Epping Fore	6730
Sack Sanville, FL   Sack Sanville, FR - 361 4573   Not Applicated   Status Desired   \$5.00 Additional Fee Required   Status Desired   \$5.00 Additional Fee Required   Sack Sanville, Street Address of Current Registered Agent   Name   Black Surn, Dennis L   Street Address (P.O. Box Number is Not Acceptable)   South Point Or. South, Ste. 200   South Point Building   City Jack Sanville, FL   Zip Code   32216			Suite, Apt. #, etc.	Suite, Apr. #, etc.		
Zip 32217 Country 32217 S. Certificate of Status Desired 55.00 Additional Fee Required Fee Required Fee Required Fee Required Name Blackburn, Dennis L.  Street Address (P.O. Box Number is Not Acceptable) black South point Dr. South, Ste. 200 South point Building City acksonville, FL Zip Code 32216  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 late if applicable  FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS		<del></del>		110 51 1		
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DO NOT WRITE IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) South Point Dy. South, Ste. 200  South Point Dy. South, Ste. 200  City Jacksonville, FL Zip Code 32216  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.  DATE  FEE IS \$50.00  Make Check Payable to Department of State DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS		5. Certi	32217			.322
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South point Building  City Jacksonville, FL Zip Code 32216  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  PEE IS \$50.00  Make Check Payable to Department of State  DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS	nber is Not Acceptable) . I	Street Address (P.O. Box N				<u>.</u>
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	Š			T. O'Neal		
NAME Douglas, T. O'Neal STREET ADDRESS 6730 E pping Forest Way N. Villa 104 STREET ADDRESS  STREET ADDRESS				ing Forest Way N	6730 Epping	STREET ADDRESS
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11. I hereby certify that the information supplied with this filling 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 two and populational design of the exemption stated in Section 119.07(3)(ii), Florida Statutes.	(i) Florido Statutas I funta	<u></u>		ormation supplied with this filing	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.