

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90246 003 ****50.00

DOCUMENT # M00000001508

1. Entity Name

MARCH/HODGE/THIGPEN DAYTONA, LLC

Principal Place of Business

**320-326 NORTH BEACH ST.
DAYTONA BEACH FL 32114**

Mailing Address

**320-326 NORTH BEACH ST.
DAYTONA BEACH FL 32114**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

354 N. Beach Street**Daytona Beach, FL****32114****USA**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGR			
	HODGE, ERNEST			
	7134 JONESBORO RD.			
	MORROW GA 30260			
	MGR			
	MARCH, ANTHONY			
	77 LEIBERT RD.			
	HARTFORD CT 06120			
	VP			
	THIGPEN, ROBERT			
	354 N. BEACH STREET			
	DAYTONA BEACH FL 32114			
	ST			
	MCKNIGHT, EDIE C			
	354 N. BEACH STREET			
	DAYTONA BEACH FL 32114			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Edie C. McKnight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/9/02

Daytime Phone #

386-252-2255

CR2E083 (9/01)