FILED
02 AUG 27 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001531

1. Entity Name
CIMARRON ASSOCIATES, LLC

Principal Place of Business	Mailing Address
2 EATON STREET, SUITE 1100 HAMPTON VA 23669	2 EATON STREET, SUITE 1100 HAMPTON VA 23669

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1996244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 ______ Date

FILE NOW!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CIMARRON ASSOCIATES MANAGER, INC. 2 EATON STREET, SUITE 1100 HAMPTON VA 23669 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004850862--4 -01/31/02--01058--005 *****200.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition FF $50
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
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 REQUIRED 1/18/02 757-896-3400
Signature and typed or printed name of signing managing member, manager, or authorized representative — Date — Daytime Phone #
Aubrey L. Layne Jr. President Great Atlantic Management Cimarron Associates LLC

CR2E083 (901)