

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000002557****1. Entity Name****LEDBETTER-DAVIDSON MANAGMENT CO., LLC****Principal Place of Business**

1680 ROBERTS BLVD., SUITE 406

KENNESAW
30144

GA

Mailing Address

1680 ROBERTS BLVD., SUITE 406

KENNESAW
30144

GA

2. Principal Place of Business

1680 ROBERTS BLVD.,

Suite, Apt. #, etc.
406City & State
KENNESAW GAZip
30144**3. Mailing Address**

1680 ROBERTS BLVD.,

Suite, Apt. #, etc.
406City & State
KENNESAW GAZip
30144

Country

4. FEI Number**58-2532959**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LEDBETTER LARRY**
C/O BRUSTERS ICE CREAM & YOGURT
10629 ULMERTON AVENUE
LARGO FL
33771 US**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)

02/06/2001

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE	MGR	☐ Delete
NAME	LEDBETTER LARRY	
STREET ADDRESS	1680 ROBERTS BLVD., SUITE 406	
CITY-ST-ZIP	KENNESAW GA 30144	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
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TITLE	☐ Delete
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STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
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TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Larry Ledbetter**

Mr.

02/06/2001

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

Date

Daytime Phone #

CR2E083 (11/00)