## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M0100001548

1. Entity Name

**CURRIN-PATTERSON PROPERTIES III LLC** 



## Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90609 035 \*\*\*\*50.00

The above named entity authorits this ablabment for the purpose of changing its registered affice or registered agent, or both, in the State of Fordita. I am familiar with, and aboopt the objections of registered agent. If the objections of registered agent are designed on the objections of registered agent. If the objections of registered agent are designed on the objections of registered agent. If the objections of registered agent are designed on the objections of registered agent. If the objections of registered agent. If the objections of registered agent are designed on the objections of registered agent. If the objections of registered agent are designed on the objections of registered agent. If the objection of registered agent are designed on the objections of registered agent. If the objection of registered agent are designed on the objection of registered agent. If the objection of registered agent are designed on the objection of registered agent. If the objection of registered agent. If the objection of registered agent are designed on the objection of registered agent. If the objection of registered agent of both in the State of Fordita. I am familiar with, and aboopt the objection of registered agent of both in the State of Fordita. I am familiar with, and aboopt the objection of registered agent. If the objection of registered agent of both in the State of Fordita. I am familiar with, and aboopt the objection of registered agent. If the object of registered	Oringinal Plac	o of Business	•	Nanikan Address			<del></del>				
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PARIS, DONALD M 375 W. LAKE HAMILTON DR. WINTER HAVEN FI, 33881  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, lyted for interfamor of registered agent and the registered agent ag	6. Name and Address of Current Registered Agent					.,.	7. Name ar	nd Address of New Regis	tered Agent		
Street Address (RO. Box Number is Not Acceptable)  City  FL  City  FL  Zip Code  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  City  City  City  FL  Zip Code  City	DAD	HE DONAL	n м *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name		· · · · · · · · · · · · · · · · · · ·	- T#9- + 4 .			
City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Septime, spead or peried name of registered agent and the 7 significable.   INOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Department of State Department of S	3755 W. LAKE HAMILTON DR.										
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat						City			Zip C	ode	
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-2-03 704 365-1256