

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2003 8:00 am**  
**Secretary of State**

8/5

08-05-2003 90027 037 \*\*\*\*50.00

<b>DOCUMENT # M02000002708</b> 1. Entity Name <b>EUSTIS VILLAGE SONIC, LLC</b>			
Principal Place of Business <b>EUSTIS VILLAGE SHOPPING CENTER</b> <b>HIGHWAY 441</b> <b>EUSTIS FL 32726</b>		Mailing Address <b>EUSTIS VILLAGE SHOPPING CENTER</b> <b>HIGHWAY 441</b> <b>EUSTIS FL 32726</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>815 Parkway</b> Suite, Apt. #, etc.	
City & State Zip		City & State <b>Conway AR</b> Zip <b>72034</b>	
Country <b>USA</b>		4. FEI Number <b>68-0532467</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent <b>PORTER, DENNIS</b> <b>C/O EUSTIS VILLAGE SONIC</b> <b>EUSTIS VILLAGE SHOPPING CENTER, HIGHWAY 441</b> <b>EUSTIS FL 32726</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>\$0.00</b>		<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 24, 2003</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORTER, DENNIS P.O. BOX 288 BEE BRANCH AR 72013	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Porter, Dennis 263 Lakeview Rd Conway AR 72044	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<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:		<b>SIGNATURE REQUIRED</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <b>7/30/03</b> Daytime Phone #: <b>501-329-6527</b>	

CR2E083 (4/03)