

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90580 007 \*\*\*\*50.00

**DOCUMENT #** M02000003314

**1. Entity Name**

NEW SOUTH PROPERTIES, LLC



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

48583 24<sup>th</sup> Avenue

Suite, Apt. #, etc.

**3. Mailing Address**

2175 62<sup>nd</sup> St. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Grand Junction, MI

**Zip** 49056

**Country**

**City & State**

Clearwater, FL

**Zip** 33760

**Country**

PineHills

**4. FEI Number**

06-1658294

☒ **Applied For**

☐ **Not Applicable**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Stephenson & Moore, Inc.

**Street Address** (P.O. Box Number is Not Acceptable)

2753 St. Rd 580

Suite 101

**City**

Clearwater

**FL**

**Zip Code**

33761

**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, typed or printed name of registered agent and title if applicable.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Managing Agent for James R. Stephenson 2753 St. Rd. 580, Suite 101 Clearwater, FL 33761
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**DO NOT WRITE  
IN THIS SPACE**

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

4-30-03 (727) 791-0093

Date

Daytime Phone #

CR2E083B (12/02)