

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

4/1

04-10-2003 90019 001 \*\*\*\*50.00

DOCUMENT # M02000003453

1. Entity Name

THE NAUTICAL GROUP, LLC



**DO NOT WRITE IN THIS SPACE**

55029928

2. Principal Place of Business

24 GUALE POINT

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2133

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DARIEN GEORGIA

City & State

DARIEN GEORGIA

4. FEI Number

54-2085395

Applied For

Not Applicable

Zip

31305

Country

USA

Zip

31305

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

POOLE AND POOLE, P.A. ATTORNEYS AT LAW

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

303 CENTRE STREET

SUITE 200, ALLAN BUILDING

City

FERNANDINA BEACH

FL

Zip Code

32034

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IN THIS SPACE**

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

4.21.2003

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: TIMOTHY B. GARRIS  
STREET ADDRESS: 24 GUALE POINT  
CITY-ST-ZIP: DARIEN GEORGIA 31305

TITLE: MGRM  
NAME: T. LEE GARRIS  
STREET ADDRESS: 9 TOLOMATO SPANISH MISSION  
CITY-ST-ZIP: DARIEN GEORGIA 31305

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IN THIS SPACE**

CR2E083B (12/02)

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: Timothy B. Garris TIMOTHY B. GARRIS

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

4/3/03

Date

912-437-3687

Daytime Phone #