

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94000000091

1. Entity Name

L. M. PROPERTY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:10

Principal Place of Business

135 INTERNATIONAL PWY.
HEATHROW FL 32746

Mailing Address

135 INTERNATIONAL PWY.
HEATHROW FL 32746-5007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2119381

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Perrin
THOMAS, THOMAS B
6120 PICKWICK RD.
TALLAHASSEE FL 32308

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGMR SCOTT, COCHRAN A SR. ☐ Delete
STREET ADDRESS 314 S. BROAD ST.
CITY-ST-ZIP THOMASVILLE GA 31792

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *Wf 3/2/00*
CITY-ST-ZIP

TITLE NAME MGMR SCOTT, COCHRAN A JR. ☐ Delete
STREET ADDRESS 314 S. BROAD ST.
CITY-ST-ZIP THOMASVILLE FL 31792

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003162178--4
CITY-ST-ZIP -03/08/00--01054--016
*****50.00 *****50.00

TITLE NAME MGMR THOMAS, ROBERT III ☐ Delete
STREET ADDRESS 314 S. BROAD ST.
CITY-ST-ZIP THOMASVILLE GA 31792

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Cochran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-17-00 912-225-9065

CR2E083 (9/99)