## **2000 UNIFORM BUSINESS REPORT (UBR)**

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1. Entity Nan	ne	00000178		SF	FIL CRETAR	ED Y OF STATE ORPORATIONS			
MITCHEL	L FAMILY INTERESTS, L.	L.C., LIMITED COMP	Ą	פֿוֹעום	ON OF C	ORPORATIONS			
Principal Plac	ce of Business	Mailing Address	<del></del>	<del>- 00 (</del>	EB 24	AM 9: 42			
5258 DIJON DRIVE BATON ROUGE LA 70808		5258 DIJON DRIVE BATON ROUGE LA 7081	5258 DIJON DRIVE BATON ROUGE LA 70808-4311			<b>12100</b> /1 110 10111 01011 01011 <b>1</b> 0	(() <b>CC</b> (() <b>42</b> (() <b>CC</b>	KKI <b>ORKO</b> ! KK <b>O</b> KI	( <b>480</b> ) ( <b>41</b> 1)
2. Principal F	Place of Business	3. Mailing Address					<b>   </b>		
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
		City & State			4. FEI Number				<del></del>
Zip	Country	Zip	Country	<u>-</u>	5. Certific	cate of Status Desired		55.00 Add se Require	
	6. Name and Address of Curr	ent Registered Agent	Nai	me	7. Name	and Address of New F	Registered A	gent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND BLVD PLANTATION FL 33324			Stre	eet Address (	P.O. Box Nu	mber is Not Acceptable	e)		
			ļ	<del></del>					***
			L					Zip Cod	e
			City	у			FL	1 '	
8. The above	e named entity submits this statemer	nt for the purpose of changing i		·	ed agent, or	both, in the State of Fig.		<u></u>	
	e named entity submits this statemer	nt for the purpose of changing		·	ed agent, or	both, in the State of Fk		<u> </u>	
8. The above	e named entity submits this statemer			ce or register					
	·	gent and title if applicable. (No	its registered offi	ce or registere	when reinstating		orida.		
	·	gent and title if applicable. (No	its registered offi	ce or registere	when reinstating		orida.		
	Signature, typed or printed name of registered at MANAGING ME	gent and title if applicable. (No	its registered offi	ce or registere	when reinstating		DATE  DATE		
SIGNATURE	Signature, typed or printed name of registered at MANAGING ME	gent and title if applicable. (No FILE I Make Check F	Its registered officers Registered Agent NOW!!! FEE Payable to De	ce or registere	when reinstating	a)	DATE  DATE	☐ Change	Addition
9. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as MANAGING ME MGRM MITCHELL, CHARLES F II 5258 DIJON DRIVE	pent and title if applicable. (No	TITLE RAME STREET ADDI  TITLE RAME STREET ADDI	signature required IS \$50.00 partment of	when reinstating	a)	DATE  DATE	Change	Addition
9. TITLE	Signature, typed or printed name of registered at MANAGING ME MGRM MITCHELL, CHARLES F II	pent and title if applicable. (No	its registered officered Agent NOW!!! FEE Payable to Dep	signature required IS \$50.00 partment of	when reinstating	a)	DATE  DATE	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as MANAGING ME MGRM MITCHELL, CHARLES F II 5258 DIJON DRIVE	FILE I Make Check F  MBERS/MEMBERS	NOW!!! FEE Payable to De  10. TITLE RAME STREET ADDI CITY-\$T-ZIP	ce or registered signature required IS \$50.00 partment of	state		DATE  /CHANGES		Admittion
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZIP	Signature, typed or printed name of registered as MANAGING ME MGRM MITCHELL, CHARLES F II 5258 DIJON DRIVE	gent and title if applicable. (No FILE I Make Check F  MBERS/MEMBERS  Detects  Detects	TITLE RAME STREET ADDI CTY- 87-ZIP CTY- 87-ZIP	signature required IS \$50.00 partment of	state		DATE  CHANGES  1 6 2 1	□ champs 23- 0540 #####	— <b></b>
9.  TITLE  WAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  THE TABLES THE TABLESS THE T	Signature, typed or printed name of registered as MANAGING ME MGRM MITCHELL, CHARLES F II 5258 DIJON DRIVE	FILE I Make Check F  MBERS/MEMBERS	TITLE  HAME	signature required IS \$50.00 partment of	state	ADDITIONS  10/00 300003	DATE  CHANGES  1 6 2 1		Admittion
9. VITLE WAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered as MANAGING ME MGRM MITCHELL, CHARLES F II 5258 DIJON DRIVE	gent and title if applicable. (No FILE I Make Check F  MBERS/MEMBERS  Detects  Detects	TITLE  NAME  STREET ADDI  TITLE  RAME  STREET ADDI  STREE	signature required IS \$50.00 partment of	state	ADDITIONS  10/00 300003	DATE  CHANGES  1 6 2 1	□ champs 23- 0540 #####	— <b></b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER