

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M97000000453**

1. Entity Name  
**BLACKCAVE I, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR 13 AM 10:59

Principal Place of Business  
3800 AIRPORT BLVD., SUITE 201  
MOBILE AL 36689

Mailing Address  
P.O. BOX 81322 R  
MOBILE AL 36689-1322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-1384584**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAVE, L.W.  
3204 NORTH PACE BLVD.  
PENSACOLA FL 32505

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

*[Handwritten 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  Delete  
NAME **MGRM**  
STREET ADDRESS **CAVE, L.W.**  
CITY-ST-ZIP **3800 AIRPORT BLVD.**  
**MOBILE AL 36689**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300003184403--5**  
**-03/27/00--01012--021**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**3-6-00**

Date

**334-343-1040**

Daytime Phone #

CR2E083 (9/99)