## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # M98000000432 1. Entity Name FILED FAIR OAK, LLC 03 MAR 28 PM 5: 17 SEGGERALATION DO NOT WRITE IN THIS SPACE TALLAMASSEE, FLORIDA 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State , 20160V Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE 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 FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS CR2E083B (12/02) GENERAL ELGUERIC CAPITAL CORP 292 LONG RIDGE ROAD STREET ADDRESS STREET ADDRESS Snan fors CITY-ST-ZIP TITLE TITLE 900014914649 NAME D9/28/03--D1059--D29 \*\*50.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME ---NAME STREET ADDRESS DO\_NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #