

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008982 AF

DOCUMENT # M98000000571

1. Entity Name

CASH COW F12 (FT. WALTON BEACH), L.L.C.

00 MAY -3 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1020 E. LAFAYETTE STREET, SUITE 106B
TALLAHASSEE FL 32301

Mailing Address

1020 E. LAFAYETTE STREET, SUITE 106B
TALLAHASSEE FL 32301-4546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

137 ASE. Miracle Strip Pkwy 2011 Delta Blvd
Suite, Apt. #, etc. # A

3. Mailing Address

Suite, Apt. #, etc.

City & State

T. Walton Beh, Fla

City & State

Tallahassee, Fla

4. FEI Number

59-3510587

Applied For

Not Applicable

Zip

32547

Country

U.S.A.

Zip

32303

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, SANTOS
2000 OLD FORT DRIVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE NAME MGR
STREET ADDRESS SWANK, JEFF
CITY-ST-ZIP 7906 MCCLURE
TALLAHASSEE FL 32312 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003269489--6
CITY-ST-ZIP -05/30/00--01005--008
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

5-1-00 (850) 942-0006

CR2E013 (9/99)