

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0009841 AF

DOCUMENT # M98000000576

1. Entity Name  
CASH COW F10 (FT. WALTON BEACH), L.L.C.

00 MAY -3 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 N.E. Eglin Pkwy Suite, Apt. #, etc.

3. Mailing Address

2011 Delta Blvd Suite, Apt. #, etc. #A

City & State

Walton Beh, Fla Tallahassee, Fla

4. FEI Number

59-3510583

Applied For

Not Applicable

Zip

Country

32348 U.S.A.

Zip

Country

32303 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 DR.  
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 MGR  
NAME SWANK, JEFF  
STREET ADDRESS 7906 MCCLURE  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
8000003269478--0  
-05/30/00--01005--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

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

16/6/99 0009841 AF