APPROVED

OO MAR 29 AM In: 08

2000 UNIFORM BUSINESS REPORT (UBR)

M98000000718 DOCUMENT

OLD SOUTH GREEN KEY DEVELOPMENT LLC

	-				WILL AUTO	00		
				SEC	RETARY OF ST	ATE		
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
4401 WHITEWAY DAIRY ROAD		4401 WHITEWAY DAIRY I	4401 WHITEWAY DAIRY ROAD					
FORT PIERCE FL 34954 FORT PIERCE FL 34947-44			1407	1		24	1	
						O AND INCO		
2 Principal P	Mane of Rusiness	3. Mailing Address						
2. Principal Place of Business		b. Maining Address			,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number Applied For			
City & Stat	0	Olly & State		65	-0846737		t Applicable	1
Zip	Country	Zip	Country	5. Certificate of State	us Desired	\$5.00 Add	litional]
	6 Name and Address of O					Fee Require	d	}
	6. Name and Address of Co	irrent Hegistered Agent	Name	7. Name and Addre	ss of New Registered	Agent	-	1
C T CORE	PORATION SYSTEM			(DO Davidson Latin Mark	(A		<u>. </u>	-
1200 SOUTH PINE ISLAND ROAD			Street Addres	s (P.O. Box Number is Not	Acceptable)			
	ON FL 33324							
			City	<u> </u>	Fl	Zip Code	e	1
						<u>- </u>		1
8. The above	named entity submits this staten	nent for the purpose of changing its	s registered office or regis	ered agent, or both, in the	state of Florida.			
SIGNATURE				. <u> </u>				1
	Signature, typed or printed name of registere	d agent and title if applicable (NOT	E: Registered Agent signature requ	red when reinstating)	DATE			┨
		FILE N	OW!!! FEE IS \$50.0)				
		Make Check Pa	ayable to Department	of State				ł
					A COLTIONIO LOCIANOS			┨
9.	MANAGING I	MEMBERS/MEMBERS Delete	10.		ADDITIONS/CHANGES	Change	Addition	Íg
TITLE NAME	GUETTLER, PHILIP		MAME	SOU	003208			ő
STREET ADDRESS	4401 WHITEWAY DAIRY RO)AD	STREET ADDRESS	for any 10 contents 10 contents	-04/13/00	01123~-	020	6
CITY-8T-ZIP	FORT PIERCE FL 34954		CITY-8T-ZIP		*****50。00			ROEORO
TITLE	MGRM	☐ Delate	TITLE	•		Change	Addition	٦
NAME STREET ADDRESS	HAINES, MICHAEL E 4401 WHITEWAY DAIRY RO	NAD .	NAME STREET ADDRESS					
CITY-81-ZIP	FORT PIERCE FL 34954	'	CITY-87-ZIP	_				
TITLE		☐ Deleta	TITLE			Change	Addition	
NAME			NAME	,				1
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CITY-8T-ZIP						Change	Adıütion	1
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STREET ADDRESS	}		STREET ADDRESS]
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NAME	· .		NAME STREET ADDRESS		-			}
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delets	TITLE	·····		Change	Addition	1
MAME			NAME				-	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					1

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 PREMIURED & HOUSES