

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98000000873**

1. Entity Name
ST. JOHNS BLUFF LODGING, LLC

FILED
01 JUN -5 PM 12: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 114 W. 12TH STREET. SUITE D TIFTON GA 31794	Mailing Address P.O. DRAWER 1905 TIFTON GA 31793
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3162 St Johns Bluff Rd Suite, Apt. #, etc.	3. Mailing Address 2839 Paces Ferry Rd Suite 1150
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City & State JACKSONVILLE, FL	City & State ATLANTA, GA	4. FEI Number 58-2374196	Applied For <input type="checkbox"/> Not Applicable
Zip 32246	Country USA	Zip 30339	Country USA

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

6. Name and Address of Current Registered Agent
**WILLIAM D. BOWEN
3162 ST. JOHN'S BLUFF ROAD
JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

BK

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWEN, WILLIAM D 45 EAGLE DR. TIFTON GA 31794	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LA HOOD, GEORGE J JR. RT 1 BOX 425 VALDOSTA GA 31602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*******50.00 *****50.00**

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: **William D. Bowen**

CR2E083 (11/00)

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