

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90115 027 ****50.00

DOCUMENT # M98000000873

1. Entity Name
ST. JOHNS BLUFF LODGING, LLC

Principal Place of Business 3162 ST. JOHN'S BLUFF ROAD JACKSONVILLE FL 32246	Mailing Address 2839 PAGES FERRY ROAD, SUITE 1150 ATLANTA GA 30339
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>3162 St John's Bluff Road</i>	3. Mailing Address <i>2839 PAGES FERRY RD</i>
Suite, Apt. #, etc. <i>Suite 1150</i>	Suite, Apt. #, etc.
City & State <i>JACKSONVILLE, FL</i>	City & State <i>ATLANTA, GA</i>
Zip <i>32246</i>	Zip <i>30339</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number **58-2374196** Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS	
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
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *William D. Bowen* **7/10/02** **678-8462-0633**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)