

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90003 017 \*\*\*\*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 PACES FERRY ROAD, SUITE 1150  
ATLANTA GA 30339**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2374196**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM D. BOWEN  
3162 ST. JOHN'S BLUFF ROAD  
JACKSONVILLE FL 32246**

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 **William D. Bowen, CEO**

**1-9-03**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
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 Included* **CARLOS F. MELGAR** **1/9/03** **678-842-0693**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

000004

CR2E083 (10/02)