

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M98000001006**

1. Entity Name  
**CMB GENERAL PARTNER, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 18 AM 10: 02



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
1900 INTERNATIONAL PARK DRIVE, SUITE 100      1900 INTERNATIONAL PARK DRIVE, SUITE 100  
BIRMINGHAM AL 35243      BIRMINGHAM AL 35243

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**63-1202744**      Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENHUT, DUDLEY H  
23 SOUTH A STREET  
PENSACOLA FL 32574-2603**

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE       Delete  
NAME      **MGR**  
STREET ADDRESS      **JOHNSON, JAMES MILTON**  
CITY-ST-ZIP      **1900 INTERNATIONAL PARK DRIVE SUITE 100  
BIRMINGHAM AL 35243**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS      **700003369917--7**  
CITY-ST-ZIP      **-08/23/00--01086--005**

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS      **\*\*\*\*\*50.00**

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
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** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**8/15/00**      **205-967-2310**  
Date      Daytime Phone #

CR2E083 (5/00)