**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2002 8:00 am Secretary of State DOCUMENT # M9800001006 1. Entity Name 04-16-2002 90080 030 \*\*\*\*50.00 CMB GENERAL PARTNER. LLC. Principal Place of Business Mailing Address 301020 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. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-1202744 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENHUT, DUDLEY H Street Address (P.O. Box Number is Not Acceptable) 23 SOUTH A STREET PENSACOLA FL 32574-2603 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITI F Addition ☐ Delete Change NAME JOHNSON, JAMES MILTON NAME STREET ADDRESS STREET ADDRESS 1900 INTERNATIONAL PARK DRIVE SUITE 100 CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** Change Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete [ ] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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 execuje this report as required by Chapter 608, Florida Statutes.

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