

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90692 022 ****50.00

DOCUMENT # M98000001006

1. Entity Name

CMB GENERAL PARTNER, LLC



Principal Place of Business

1900 INTERNATIONAL PARK DRIVE, SUITE 100
BIRMINGHAM AL 35243

Mailing Address

1900 INTERNATIONAL PARK DRIVE, SUITE 100
BIRMINGHAM AL 35243

2. Principal Place of Business

2204 Lakeshore Dr
Suite, Apt. #, etc.
Suite 215
City & State
Birmingham, AL

3. Mailing Address

2204 Lakeshore Dr.
Suite, Apt. #, etc.
Suite 215
City & State
Birmingham AL

City & State

Zip

Country

35209 Jefferson

City & State

Zip

Country

35209 Jefferson

4. FEI Number 63-1202744

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

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

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

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

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
NAME
STREET ADDRESS 2204 Lakeshore Drive, Suite 215
CITY-ST-ZIP Birmingham, AL 35209

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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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: *James Johnson* RETURNED White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/03

Date

(205) 802-2335

Daytime Phone #

CR2E083 (10/02)

0066775