2000 UNIFORM BUSINESS REPORT (UBR)

	ONITONIA DOGI	TEGG REFO	/		7					
DOCUMENT # M9800001273 1. Entity Name						Their				
(SAVANNAH COURT OF ST. CLOUD, LLC.")					SECRETARY OF STATE DIVISION OF CORPORATIONS					_
	· · · · · · · · · · · · · · · · · · ·					OO FEB	00 FEB - 7 PM 2: 05			
Principal Place of Business Mailing Address							, , , , ,	_ 00		
% ATLANTIC CAPITAL GROUP 777 SOUTH FLAGLER DR., SUITE 800 WEST WEST PALM BEACH FL 33401		% ATLANTIC CAPITAL GROUP 777 SOUTH FLAGLER DR., SUITE 800 WEST WEST PALM BEACH FL 33401-6161				. 1 32-16 00 11 0 1810 1800 36 00 36 00	 	'81 (1818 (181 4)	erae (()) (48)	
4152	lace of Business W. Blue Heron Blud	3. Mailing Address 4152 W. Blue Heren Blud.								
Suite, Apt.	#, etc.	Suite, Apt. #, etc. Suite 120			DO NOT WRITE IN THIS SPACE					
City & State	e	City & State			4. FEI N	lumber of 005 4000			plied For]
Riviera		Riviera Beach, FL Zip Country				65-085 1992	•	No. 5.00 Ado	t Applicable	-
33740	04 USA	33404	USA	·	5. Certi	ficate of Status Desired		ee Require		
	6. Name and Address of Current F	Registered Agent		lame	7. Name	e and Address of New Re	gistered Ag	jent		7
WALDODE DAMELA LEGO										
WINTHROP, STIMSON, PUTNUM & ROBERTS				itreet Address (P.O. Box N	lumber is Not Acceptable)	·]
125 WORTH AVE., SUITE 310							_			
PALM BEA	ACH FL 33480		City			FL	Zip Code	е		
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.										7
										1
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	Registered Age	ent signature required	d when reinstati	ng)	DATE			-
FILE NOW!!! FEE IS \$50.00										
		Make Check Pag	yable to D	epartment o	f State			t		
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/C	CHANGES			
TITLE	MGRM	Deteto	TITLE					Change	Addition	66/6
MAME Street Address	ATLANTIC CAPITAL GROUP % CH 777 SOUTH FLAGLER DRIVE, SUI		NAME STREET A			ive Heron Blvd,	4 120			72E083 (9/99)
CITY-ST-ZIP	WEST PALM BEACH FL 33401	_ <u></u>	CITY-ST-	zip Rivie	ra Bev	ich, FL 33404				
TITLE NAME		Deleta	TITLE					Change · ''Z' -::'	Addition	ਹ
STREET ADDRESS			\$TREET AS			600003 727) 7 000	1085	-009	
C174 - 81 - 31P			CITY-8Y-	Z(P			50.00	<u>*米米米等</u> □ Change	<u>50,08</u> □ Addition	-
TITLE NAME		. J L. VORED	NAME			\sim 0	^			
STREET ADDRESS			STREET AL			(1)				
TITLE	<u> </u>	Delete	TITLE					Change	Addition	1
NAME			NAME STREET A	nnntes		\mathcal{N}				
STREET ADDRESS CITY-ST-ZIP			CITY- ST-							}
TITLE \(☐ Delete	TITLE					Change	Addition]
NAME STREET ACCORESS			NAME STREET AI	DRESS						}
CITY-ST-ZIP			CITY-ST-	ZIP						1
TITLE		Delete	TITLE				1	Change	Addition	
NAME STREET ADDRESS			STREET AL	DORESS						
CITY- ST- ZIP			CITY-87-							-
 11. I hereby of indicated 	pertify that the information supplied with on this report is true and accurate and t	this filing does not qualify for hat my signature shall have t	the exempt he same leg	ion stated in Se gal effect as if n	ection 119.0 nade under	07(3)(i), Florida Statutes. I f r oath; that I am a managir	urther certif ng member	y that the ir or manage	ntormation r of the	
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.										
SIGNAT	URE: CHUMI	SREKKONI	red		1-25-	roor				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daylime Phone #]	