2000	090500	•			
1. Entity Nam	MENT # M980 ELLS, LLC	000001372) SE	FILED STATE SIDN OF CORPORATIONS	:
Principal Plac 417 MAIN STR NATCHEZ MS	REET	Mailing Address 417 MAIN STREET NATCHEZ MS 39120-3463		SEP -8 AM/10: 02	
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	e	City & State		4. FEI Number 62-1760215 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
8. The above	named entity submits this statemen		agistered office or registe	red agent, or both, in the State of Florida.	
			W!!! FEE IS \$50.00 able to Department		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEM MGRM PARADISE, DAVID 417 MAIN STREET NATCHEZ MS 39120	ABERS/MEMBERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES Champs	CR2E083 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-21P	MGRM BROWN, WAYNG 4107 COLUMBIA MARTINEZ, GA	B. □ Delets RD. 30907	TITLE MAME STREET ADDRESS GIYY-ST-ZIP	*************************************	S.
TITLE MAME STREET ADDRESS CITY-ST-ZIP		- Cedette	NAME STREET ADDRESS CITY-ST-ZIP	Change : Addition	~ .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition :	İ
TITLE NAME STREET ADDRESS CITY-ST. AP		☐ Delata	TITLE KAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition]	
TITLE 4 NAME 5 STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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.					
SIGNAT	URE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING MANAGING ME		8-29-00 706-855-2887 Date Daytime Phone #	