

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

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90014 018 \*\*\*\*\*50.00

0074732

**DOCUMENT # M99000001307**

1. Entity Name

**GLOUCESTER HOLDINGS, LLC**



Principal Place of Business

**845 PROTON ROAD  
SAN ANTONIO TX 78258  
US**

Mailing Address

**845 PROTON ROAD  
SAN ANTONIO TX 78258  
US**

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 **74-2927102**

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

7. Name and Address of New Registered Agent

**DONATO, JOE  
610 NORTH WYMORE ROAD  
WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5035 Edgewater Drive**

City **Orlando**

FL

Zip Code  
**32810**

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGRM</b>			
	<b>DURHAM HOLDINGS LLC</b>			
	<b>845 PROTON ROAD</b>			
	<b>SAN ANTONIO TX 78258</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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.

**SIGNATURE:**

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

Date

Daytime Phone #

**MIKE HAWKER TREASURER**

**DURHAM HOLDINGS LLC 5/7/03 210-340-7155**

CR2E083 (10/02)