

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90726 037 \*\*\*\*50.00

**DOCUMENT # M99000001673**

1. Entity Name

**REILLY ENTERPRISES OF LOUISIANA, L.L.C.**

Principal Place of Business

**630 SILVERSHORE DRIVE  
PENSACOLA FL 32507**

Mailing Address

**630 SILVERSHORE DRIVE  
PENSACOLA FL 32507**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**72-1331306**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ROBERTS, DANIEL L  
434 SOUTH NAVY BLVD  
PENSACOLA FL 32507****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.**

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 Department of State  
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **REILLY, KEVIN SR**  
CITY-ST-ZIP **630 SILVERSHORE DRIVE  
PENSACOLA FL 32507**TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **REILLY, ANN**  
CITY-ST-ZIP **630 SILVERSHORE DRIVE  
PENSACOLA FL 32507**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**10. ADDITIONS/CHANGES**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ 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:****Ann S. Reilly**

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

**5/19/02**

Date

**850 458-6132**

Daytime Phone #

CR2E083 (9/01)