

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010626			
1. Entity Name FULHAM/SABAL PROPERTIES, LLC			
Principal Place of Business 562 MARSH CREEK ROAD VENICE, FL 34292		Mailing Address 562 MARSH CREEK ROAD VENICE, FL 34292	
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 65-1040805		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBERT L. UNDERWOOD 537 EAST PARK AVENUE TALLAHASSEE, FL 32301		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			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER ROBERT L. UNDERWOOD 537 EAST PARK AVENUE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: <u>W L U</u> ROBERT L. UNDERWOOD		Date: <u>4/23/2001</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 800-686-1615	

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