

2001 UNIFORM BUSINESS REPORT (UBR)

002674 AF

DOCUMENT # L0000012625
 1. Entity Name
GALE & WENTWORTH COMMUNITIES MANAGEMENT OF FLORI

FILED

01 MAY -3 AM 10:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
200 CAMPUS DRIVE 200 CAMPUS DRIVE
FLORHAM PARK NJ 07932 FLORHAM PARK NJ 07932



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
9055 Ibis Blvd 9055 Ibis Blvd
 City & State City & State
West Palm Beach, Florida West Palm Beach, Florida
 Zip Country Zip Country
33412 USA 33412 USA

4. FEI Number **59-2576948** Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FL INC.
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004323575--8
-05/25/01--01065--014
*******50.00 *****50.00**

| 9. MANAGING MEMBERS / MEMBERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *George G. Speer Director* **SIGNATURE REQUIRED** *4/30/01* **5761630-7400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)