

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90126 017 \*\*\*\*50.00

**DOCUMENT # L00000012683**

1. Entity Name  
**HILLCREST GCA, LLC**

Principal Place of Business <b>% GALE &amp; WENTWORTH COMMUNITIES MGMT          2401 PGA BOULEVARD, SUITE 280          PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>% GALE &amp; WENTWORTH COMMUNITIES MGMT          200 CAMPUS DRIVE, SUITE 200          FLORHAM PARK NJ 07932</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1047647</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>DELL, DENISE D ESQ.          AKERMAN SENTERFIT &amp; EIDSON, P.A.          255 SOUTH ORANGE AVENUE, 10TH FLOOR          ORLANDO FL 32801</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GCA HOLDING, LLC 2401 PGA BOULEVARD, SUITE 280 PALM BEACH GARDENS FL 33410</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> 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.

**HILLCREST GCA, LLC, By: GCA Holdings, LLC, By: Gale & Kitson License Holding, Inc., f/k/a Gale & Wentworth License Holding, Inc. By: MLL**

**SIGNATURE: SIGNATURE REQUIRED** **Michael G. Leeder**  
 Vice President Daytime Phone # \_\_\_\_\_

CR2E083 (4/02)