

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90011 022 ****55.00

DOCUMENT # L95000000220

1. Entity Name

GLEN OAKS OF TALLAHASSEE, L.C.

Principal Place of Business

**615 CRESCENT EXECUTIVE CT., SUITE 120
 LAKE MARY FL 32746**

Mailing Address

**615 CRESCENT EXECUTIVE CT., SUITE 120
 LAKE MARY FL 32746**

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

65-0718187

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

**GRAY, N. DWAYNE ESQ.
 135 WEST CENTRAL BLVD., 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

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORCK, TODD 615 CRESCENT EXECUTIVE CT., SUITE 120 LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLNER, STUART 1117 RUSSELL DRIVE HIGHLAND BEACH FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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 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
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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:

SIGNATURE REQUIRED
Todd L. Borck 2/21/02

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

Date

Daytime Phone #

CR2002 (0/01)