

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0004576

DOCUMENT # **L95000000220**

1. Entity Name
GLEN OAKS OF TALLAHASSEE, L.C.



FILED
03 APR 10 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country
3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **65-0718187**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$5.00** Additional Fee Required

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. 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 Florida Department of State
Due By May 1, 2003
400015651484
04/10/03--01081--013 **\$5.00

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

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: **Todd L. Borck** 1/8/03 407-333-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)