LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

DOCUMENT # MOTOUCE 1. Entity Name .	05-28-2002 90726 009 ****50.00				
ARC BOYNTON BEACH, LLC					
DO NOT WRIT	E IN THIS SF	PACE		"	
2. Principal Place of Business Suite, Apt. #, etc.	1 Westwood Mace 111 Westwood Mace		. 867542 DO NOT WRITE IN THIS SPACE		
Brentwood TN	Brentwood -	TN	4. FEI Number 60 - 000 49	'D	Applied For - Not Applicable
Zip Country	^{zip} 31027	Country	5. Certificate of Status I	Desired	\$5.00 Additional Fee Required
			7. Name and Address of	Current Registe	red Agent
DO_NOT_\	NRITE	Name Corpr	xation Service	Compa	ny .
		Street Address	HOUS SHEE	ceptable)	
IN THIS S	Tallahassee				
		City	ussee		Tip Code
		Oity		F	L ZiggCode)/
8. The above named entity submits this statement SIGNATURE		registered office or registe	ered agent, or both, in the St		
Signature, typed or printed name of registered a	gent and little if applicable			DATE	
	Make Check Pay	EE IS \$50.00 pable to Department of UE BY MAY 1	of State		
9. MANAGING ME	MBERS/MANAGERS				
TITLE CHIEF MANAGER		TITLE			
NAME W.E. SHERIFF PLACE SHE 200		NAME			3
STREET ADDRESS III WESTWOOD PLUCE SEE 200		STREET ADDRESS			

	Circle Millerias o		<u> </u>
NAME	W.E. SHERIFF OF CLARE	NAME	·
STREET ADDRESS	W.E. SHERIFF III WESTWOOD PLACE Ste 200	STREET ADDRESS	
CITY-ST-ZIP	Brentwood, IN-37007	CITY-ST-ZIP	and the same of the same
TITLE	SECRETHRY	TITLE	
NAME	GEORGE T. HICKS	NAME	·
STREET ADDRESS	III WESTWOOD Place SHE 200	STREET ADDRESS	
CITY-ST-ZIP	111 Westwood Place Ste 200 Drentwood, TN 31007	CITY-ST-ZIP	1
TITLE	•	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO MOT MOTE
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
TITLE		TITLE	IN THIS SPACE
NAME		NAME	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
· CITY-ST-ZIP	·	CITY-ST-ZIP	·
TITLE		TITLE .	Α
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
		0111 01 22	1
TITLE	· · · · · · · · · · · · · · · · · ·	TITLE	
	· ·		
TITLE		TITLE	

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.

GNATURE: OURGE HICK
SIGNATURE AND TYPET OR PRINCEDIAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENT

VI | 28| 02 ----

Davtime Phone #