

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

05-28-2002 90726 007 ****50.00

DOCUMENT # M01000002805

1. Entity Name

ARC COCONUT CREEK, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

111 Westwood Place

111 Westwood Place

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Ste 200

Ste 200

City & State

City & State

Brentwood TN

Brentwood TN

Zip

Country

Zip

Country

37027

37027

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0004861

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Tallahassee

City

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

Chief Manager

NAME

W.E. Sheriff

STREET ADDRESS

111 Westwood Place Ste 200

CITY-ST-ZIP

Brentwood, TN. 37027

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Secretary

NAME

George T. Hicks

STREET ADDRESS

111 Westwood Place Ste 200

CITY-ST-ZIP

Brentwood, TN. 37027

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

[Handwritten Signature]

GEORGE HICKS

4/28/02

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

Date

Daytime Phone #

CR2E083B (12/01)