2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0200000715

1. Entity Name

CMCP-ISLAND LAKE, LLC



May 07, 2003 8:00 am Secretary of State

05-07-2003 90046 016 ****50.00

				NE THE	/	
Principal Place of Business 8401 N. CENTRAL EXPRESSWAY SUITE 800 DALLAS TX 75225		Mailing Address 8401 N. CENTRAL EXPRESSWAY SUITE 800 DALLAS TX 75225		-		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 37-1421090 Applied For	
Zip	Country	Zip	Cour	ntry	Not Applicable S. Certificate of Status Desired	-
	6. Name and Address of Current R	Ingletered Agent	 _		7. Name and Address of New Registered Agent	4
L	o. Name and Address of Odiferring	egisieleu Agent		Name	7. Halle and Address of New Neglatered Agent	7
	ITOL-CORPORATE SERVCIES, INC.			<u></u>		_
1333 NORTH DUVAL ST. TALLAHASSEE FL 32303		Street Address		Street Address	s (P.O. Box Number is Not Acceptable)	_
)	Dartock i F ofood					
				City	FL Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s register	ed office or registe	tered agent, or both, in the State of Florida. I am familiar with, and accept	}
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NO	TE: Registere	ed Agent signature require	red when reinstating) DATE	
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		Make Check Payab			1	1
		· ·		ay 1, 2003		
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHANGES	4
TITLE	MGR	☐ Delete	TITL	.E	☐ Change ☐ Addition	: آرا
NAME	REINSCH, PHILLIP A		NAM	AE.		
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CITY-ST-ZIP	DALLAS TX 75225		CITY	/-ST-ZIP		ا ا
TITLE	MGR	Delete	TITL		☐ Change ☐ Addition	' ¦
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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 informatic 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.

IREAndrew F. Jacobs

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

05/01/03

214-874-2323