

2001 UNIFORM BUSINESS REPORT (UBR)

00190652 AF

DOCUMENT # M99000000145
 1. Entity Name
MEADOWBROOK EKANA, LLC

FILED
 01 FEB 26 PM 2:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~631 SOUTH FLORIDA AVENUE, SUITE 41~~ 331 SOUTH FLORIDA AVENUE, SUITE 41
~~LAKELAND, FL 33801~~ LAKELAND FL 33801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2100 EKANA DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OVIEDO, FL
 Zip Country Zip Country
32765 USA

4. FEI Number **95-4726275** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	MGRM	MEADOWBROOK GOLF GROUP, INC.	345 N. MAPLE DRIVE, SUITE 290	BEVERLY HILLS CA 90210	<input type="checkbox"/>
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		300003782363	-02/27/01--01059--013	*****50.00	*****50.00
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Calvin C. Sellers III* Date: **1/20/01** Daytime Phone #: **863-686-2376**

GF2E083 (11/00)