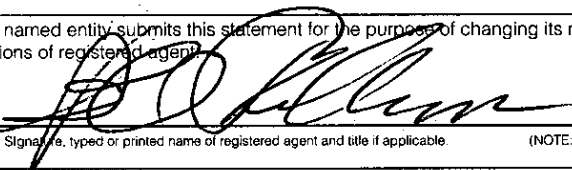


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

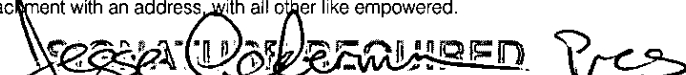
**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90103 046 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                                                                                                                          |                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N21440</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                                                         |                                                                                                                                                            |
| 1. Entity Name<br><b>THE MANORS OF BRYN MAWR, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                                          |                                                                                                                                                            |
| Principal Place of Business<br><b>1350 ORANGE AVE., SUITE 100<br/>WINTER PARK FL 32789<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         | Mailing Address<br><b>P.O. BOX 1208<br/>WINTER PARK FL 32790-1208</b>                                                                    |                                                                                                                                                            |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                            |                                                                                                                                                            |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | City & State                                                                                                                             |                                                                                                                                                            |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                                                                 | Zip                                                                                                                                      | Country                                                                                                                                                    |
| 4. FEI Number <b>59-2880112</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | Applied For<br>Not Applicable                                                                                                            |                                                                                                                                                            |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         | <b>\$8.75</b> Additional Fee Required                                                                                                    |                                                                                                                                                            |
| 6. Name and Address of Current Registered Agent<br><br><b>PHILLIPS, ROGER V<br/>1350 ORANGE AVE., SUITE 100<br/>WINTER PARK FL 32789</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE  <b>1/27/03</b><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |                                                                                                                         |                                                                                                                                          |                                                                                                                                                            |
| <b>FILE NOW: FEE IS \$61.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                      |                                                                                                                                                            |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                                                                                                                                          |                                                                                                                                                            |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                    |                                                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>PD<br/>ACKERMAN, JESSE<br/>5449-J LAKE MARGARET DR<br/>ORLANDO FL 32812</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <b>STD<br/>Walker, Ron<br/>5429 J Lake Margaret Dr.<br/>Orlando, FL 32812</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>VPD<br/>LIVINGSTON, SHIRLEY<br/>5449-G LAKE MARGARET DR<br/>ORLANDO FL 32812</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STD<br/>NELSON, RUTH<br/>5457-J LAKE MARGARET DR<br/>ORLANDO FL 32812</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |

CR2E037 (10/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Pres** **1/12/03** **42281 8976**