2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 AM
Secretary of State

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Entity Name: APF AT LLB PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

CNL CENTER OF CITY COMMONS
450 SOUTH ORANGE AVENUE
ORLANDO, FL 328013336

New Principal Place of Business:

Current Mailing Address:

CNL CENTER OF CITY COMMONS
450 SOUTH ORANGE AVENUE
ORLANDO, FL 328013336

New Mailing Address:

CNL CENTER OF CITY COMMONS
P.O. BOX 4920
ORLANDO, FL 328024920

FEI Number: 59-3715437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARCELLI, LINDA
CNL CENTER OF CITY COMMONS
450 SOUTH ORANGE AVENUE
ORLANDO, FL 328013336

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WOOD, MICHAEL	
Address:	450 SOUTH ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 328013336	
Title:	VSTD	( ) Delete
Name:	CARILLO, NANCY	
Address:	450 SOUTH ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 328013336	
Title:	VPD	( ) Delete
Name:	BEATY, CLINT	
Address:	450 SOUTH ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 328013336	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	WOOD, MICHAEL I	
Address:	450 SOUTH ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 328013336	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL I. WOOD P 04/18/2002

Electronic Signature of Signing Officer or Director — Date