DOCUMENT # L0000001286  1. Entity Name PUTNAM CENTER - PALATKA, LLC				FILED OI JAN 24 PM 2: 15				
Principal Place of Business Mailing Address				7				
4323 W. GULF DRIVE SANIBEL FL 33957	4323 W. GULF DRIVE SANIBEL FL 33957			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
			1					
Principal Place of Business 3. Mailing Addres								
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	State City & State			Number 5-097989		<b>—</b>	oplied For ot Applicable	]
Zip Country	Zip	Country		tificate of Status Desired	, , ,	5.00 Add		1
6. Name and Address of Current F	Registered Agent		7. Nan	ne and Address of New		ent	<u> </u>	┨
		Na					\$1.1	]
CORPORATION SERVICE COMPANY			Street Address (P.O. Box Number is Not Acceptable)					
1201 HAYS STREET TALLAHASSEE FL 32301		-				<del>,</del> .		4
TALLAMAGGEE FL 32301		Cit	<del></del>			Zip Code		4
			City FL Zip Code					_
8. The above named entity submits this statement for	the purpose of changing its	registered offi	ce or registered agent	, or both, in the State of	Florida.			
SIGNATURE		_						
Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent	signature required when reinsta	ating)	DATE			4
	1	OW!!! FEE yable to Dep	IS \$50.00 partment of State					
9. MANAGING MEMBE	RS/MEMBERS	10.		ADDITION	S/CHANGES			-
TITLE	☐ Delete	TITLE	MGR.		] .	Change	Addition	8
NAME STREET ADDRESS		NAME STREET ADDR	NEILL O'NEILL	W. GULF I	ه		•	R2E083 (11/00)
City-St-zip	•	CITY-ST-ZIP	54NB	<i>(2)</i> (2) 7	いんぞくこつ			E08
TITLE	☐ Delete	TITLE		4111111			. Addition	18
NAME STREET ADDRESS		NAME STREET ADDR	Fee	-02/	′02/010 ***50.00	1015	-025 *50.00	
CITY-ST-ZIP ·		CITY-ST-ZIP		<i>मःतः व</i>	:ホホンジ <b>,</b> UU	A: 4-4-4-4	*30.00	
TITLE -	Delete	TITLE		- 1.	. [	Change	Addition	1
NAME STREET ADDRESS		NAME STREET ADDR	F66	eg.				
CITY-ST-ZIP		CITY-ST-ZIP						1
TITLE	☐ Delete	TITLE				Change	☐ Addition	1
NAME STREET ADDRESS	•	NAME STREET ADDR	FCG					
CITY-ST-ZIP		C/TY-ST-ZIP		A A/	·			Ì
TITLE	☐ Delete	TITLE		-///		Change	Addition	1
NAME STREET ADDRESS		NAME STREET ADDR	FSS					
CITY-ST-ZIP		CITY-ST-ZIP						
TITLE -	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS		NAME STREET ADDR	FSS					
CITY-ST-ZIP		CITY-ST-ZIP						
hereby certify that the information supplied with indicated on this report is true and accurate and t limited liability company or the receiver or vustee	hat my signature shall have t	he same legal	effect as if made unde	er oath; that I am a man	s. I further certify aging member o	that the in or manager	formation r of the	
SIGNATURE: SIGNATURE OF PRINTED NAME OF	LE TUDO? SIGNING MANAGING MEMBER, MAN		RIZED REPRESENTATIVE	1/18/01 Date	94/-4 Daysi	72 - 8	627	