2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000003324

1. Entity Name
SENIORS/APOPKA LLC

Principal Place of Business	Mailing Address
121 RAINTREE DRIVE LONGWOOD FL 32779	121 RAINTREE DRIVE LONGWOOD FL 32779

2. Principal Place of Business		3. Mailing Address	
755 ALMAR PARKWAY		755 ALMAR PARKWAY	
Suite, Apt. #, etc.: SUITE C		Suite, Apt. #, etc.: SUITE C	
City & State: BOURBONNAIS IL		City & State: BOURBONNAIS IL	
Zip: 60914	Country:	Zip: 60914	Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HUEY NORMAN L
121 RAINTREE DRIVE
LONGWOOD FL
32779

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 ______________________ 05/25/2001
Signature, typed or printed name of registered agent and title if applicable. (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUEY NORMAN 121 RAINTREE DRIVE LONGWOOD FL 32779 [ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINTON BLAIR 755 ALMAR PARKWAY, SUITE C BOURBONNAIS IL 60914 [ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E083 (11/00)

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: BLAIR MINTON MGR 05/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #