LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05-01-2003 90275 022 ****50.00
03 JUL -7 PM 4:16

DOCUMENT # L00000053771

1. Entity Name
Gainesville Properties, Ltd., LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
17598 Rockefeller Circle	17598 Rockefeller Circle
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Fort Myers, Florida	City & State: Fort Myers, Florida
Zip: 33912-5846 Country: Lee	Zip: 33912-5846 Country: Lee

4. FEI Number: 31-1626390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Morgan, F. Michelle

Street Address (P.O. Box Number is Not Acceptable): 17598 Rockefeller Circle, Suite 201

City: Fort Myers FL Zip Code: 33912-5846

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.

SIGNATURE: F. Michelle Morgan 4-25-03
Signature, typed or printed name of registered agent and title if applicable — Date

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Morgan, Was, MGRM Managing Member 17598 Rockefeller Circle, Suite 201 Fort Myers, Florida 33912-5846	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/02)

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: Managing Member 4/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #