2002 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2002 8:00 am Secretary of State DOCUMENT # L0000005799 1. Entity Name 🔻 🤝 03-20-2002 90009 014 ****50 00 CROSS KEY MANOR, L.L.C. Principal Place of Business Mailing Address 1550 LEE BLVD. 1550 LEE BLVD. LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For <u>65-1017370</u> Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired _ _ _ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOLAND -NOLANO, JOHN ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 1715 MONROE ST. FORT MYERS FL 33901 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 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ED TITLE ☐ Delete TITLE Change ☐ Addition NAME HUTCHINS, GRAHAM R NAME STREET ADDRESS 1550 LEE BLVD. STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP TIT! F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ed to execute this report as required by Chapter 608, Florida Statutes.

limited liability company or the receiver or trustee empoye

SIGNATURES