AMENDED

09-22-2003 90104 022 --25.00
L00000005799

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT -6 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000005799

1. Entity Name
Cross Key Manor LLC

200023588212
10/06/03--01041--001 **25.00

DO NOT WRITE IN THIS SPACE

MJM

2. Principal Place of Business	3. Mailing Address
Cross Key Manor LLC	1550 Lee Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres, Fl.	City & State
Zip: 33936 Country	Zip Country

10/16

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4. FEI Number: 651017370 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: John Noland Esq.

Street Address (P.O. Box Number is Not Acceptable): 1715 Monroe St.

City: Ft. Myers FL Zip Code: 33901

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: [signature] 9-18-03
Signature, typed or printed name of registered agent and title if applicable. DATE

[signature]

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

9. MANAGING MEMBERS/MANAGERS

TITLE	Executive Director
NAME	Teri Karr
STREET ADDRESS	2003 Morning Sun Lane
CITY-ST-ZIP	Naples, Fl 34119
TITLE	Manager
NAME	Allan Katzman
STREET ADDRESS	5310 Tasselflower Ct.
CITY-ST-ZIP	Bonita Springs, Fl. 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: [signature] 9/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #