2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010203

1. Entity Name
LAKEVIEW OF HILLSBORO, L.L.C.

Principal Place of Business 125 NORTH CONGRESS AVENUE. SUITES 1 & 2 DELRAY BEACH FL 33444	Mailing Address 125 NORTH CONGRESS AVENUE. SUITES 1 & 2 DELRAY BEACH FL 33444

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		**4.** FEI Number · ☒ Applied For / ☐ Not Applicable
Zip / Country	Zip	Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
SPADAVECCHIA, JOHN 125 NORTH CONGRESS AVENUE, SUITES 1 & 2 DELRAY BEACH FL 33444	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 _____
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 **MGRM** NAME SPADAVECCHIA, JOHN STREET ADDRESS 125 NORTH CONGRESS AVENUE, SUITES 1 & 2 CITY-ST-ZIP DELRAY BEACH FL 33444	☐ Delete	TITLE *MGRM* NAME *SPADAVECCHIA, JOHN* STREET ADDRESS *3265 NE 167 STREET* CITY-ST-ZIP *N. MIAMI BCH FL 33160*	☒ 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	700003568407 -01/23/01--01094--028 ****50.00 ****50.00	☐ 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

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: X _____   1-12-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)