

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90570 022 \*\*\*\*55.00

**DOCUMENT # L00000012141**

1. Entity Name

**GRAND OAKS VILLAGE I, LLC**



Principal Place of Business

Mailing Address

**425 WEST COLONIAL DRIVE, SUITE 201  
ORLANDO FL 32804**

**425 WEST COLONIAL DRIVE, SUITE 201  
ORLANDO FL 32804**

**20003391**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3686028**

Applied For

Not Applicable

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

**DEAN MEAD SERVICES, LLC  
800 NORTH MAGNOLIA AVENUE, SUITE 1500  
ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **PAUL CURTIS REALTY, INC.**  
STREET ADDRESS **425 W COLONIAL DR., S#201**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **CURTIS, PAUL L**  
STREET ADDRESS **425 W COLONIAL DR., S#201**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **M** ☐ Delete  
NAME **PAUL & SALLY CURTIS IRREVOCABLE TRUST**  
STREET ADDRESS **425 W. COLONIAL DR., S#201**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **M** ☐ Delete  
NAME **PAUL & SALLY CURTIS IRREVOCABLE TRUST**  
STREET ADDRESS **425 W. COLONIAL DR., S#201**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **M** ☐ Delete  
NAME **CURTIS, CLINTON A**  
STREET ADDRESS **425 W. COLONIAL DR., S#201**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **M** ☐ Delete  
NAME **MCALPIN, CARYL C**  
STREET ADDRESS **425 W. COLONIAL DR., S#201**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

**1-10-03**

**407-422-4471**

CR2E083 (10/02)