

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023156 AF

DOCUMENT # L00000014629

1. Entity Name  
ROYAL OAKS, L.L.C.

FILED

01 APR 16 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O SOUTHERN OAKS HEALTH CARE, INC.  
903 Emmett Street, #5  
Kissimmee, FL 34741

Mailing Address  
C/O SOUTHERN OAKS HEALTH CARE, INC.  
903 Emmett Street, #5  
Kissimmee, FL 34741

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
RAINER, FRANK P  
STERNSTEIN, RAINER & CLARKE, P.A.  
314 NORTH CALHOUN STREET  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

8000004036658--7  
-04/20/01--01122--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHERN OAKS HEALTH CARE, INC. 400 CHURCH STREET, SUITE 110 KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SOUTHERN OAKS HEALTH CARE, INC.  
By: Michael A. Siemer, President

April 10, 2001 (407) 933-0331

CR2E083 (11/00)