

**2001 UNIFORM BUSINESS REPORT (UBR)**

0001849

DOCUMENT # L00000015164

1. Entity Name  
**COURTNEY AT PAPAGO PARK, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -3 AM 10:18

Principal Place of Business Mailing Address  
250 INTERNATIONAL PARKWAY, SUITE 220 250 INTERNATIONAL PARKWAY, SUITE 220  
HEATHROW FL 32746 HEATHROW FL 32746

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For  
59-3715658 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

**Brian Courtney**  
as its agent

SIGNATURE DATE 11-29-01

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  Delete  
NAME COURTNEY AT PAPAGO PARK DEVELOPMENT, INC  
STREET ADDRESS 250 INTERNATIONAL PARKWAY SUITE 220  
CITY-ST-ZIP HEATHROW FL 32746

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

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME 800004716  
STREET ADDRESS -12/10/01--01083--007  
CITY-ST-ZIP \*\*\*\*155.00 \*\*\*\*155.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME Rm 100  
STREET ADDRESS UBR 50  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME CUS 5  
STREET ADDRESS 155.00  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**REINSTATEMENT 2001**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *John Schaffer* 8/30/01 (407) 333-0066

STAPLE CHECK HERE

CR2E083 (5/01)