## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 18, 2002 8:00 am Secretary of State

DOCÚMENT # L0000015164  1. Entity Name			03-18-2002 90087 021 ****55.00		
COURTN	EY AT PAPAGO PARK	, LLC			
	DO NOT WRITE	IN THIS SPA	ACE		
, .	~ ·	3. Mailing Address  250 INTERNAT  Suite, Apt. #, etc.  SUITE 22		DO NOT WRITE IN THIS SPACE	
City & Stat	THROW FL	City & State	Country C A	4. FEI Number 59 - 371 5658 Applied F Not Applied  5. Cartificate of Status Decired    5.00 Additional	
Zip 32.7	Yla USA	32746	<u> USA</u>	Fee Required	
46			Name _	7. Name and Address of Current Registered Agent	<del></del>
			RPORATION SERVICE COMPANY s (P.O. Box Number is Not Acceptable)		
IN THIS SPACE		1201	HAYS STREET	-	
			City —	Zip.Code	2/
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regist	LAHASSEE FL   32301-25 lered agent, or both, in the State of Florida.	25
OLONIATURE					}
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable.		DATE	.
					1
		Make Check Paya	E IS \$50.00 ble to Department E BY MAY 1	of State	
9.	MANAGING MEMBER	Make Check Paya	ble to Department E BY MAY 1	of State	
9. TITLE NAME	MANACER	Make Check Paya DU S/MANAGERS	ble to Department	of State	12/01)
TITLE NAME STREET ADDRESS	MANAGER COURTNEY AT PAPAGO 250 INTERNATIONAL P	Make Check Paya DU  S/MANAGERS  PARIC DEVEL, INC. KWY, SUITE 220	E BY MAY 1  TITLE NAME STREET ADDRESS	of State	83B (12/01)
TITLE NAME	MANACER	Make Check Paya DU  S/MANAGERS  PARIC DEVEL, INC. KWY, SUITE 220	ble to Department E BY MAY 1  THILE NAME	of State	K2E083B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGER COURTNEY AT PAPAGO 250 INTERNATIONAL P	Make Check Paya DU  S/MANAGERS  PARIC DEVEL, INC. KWY, SUITE 220	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	of State	CR2E083B (12/01)
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/20/07 Date (467)333-0066