

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90206 008 \*\*\*\*50.00

**DOCUMENT # L01000002259**

1. Entity Name  
**PARADISE CARE COTTAGE AT ST. LUCIE WEST, L.L.C.**

Principal Place of Business      Mailing Address  
**713 S.E. MACARTHUR BLVD.**      **713 S.E. MACARTHUR BLVD.**  
**STUART FL 34996**                      **STUART FL 34996**

955794



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                  |  |   |  |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                    |  | Applied For   |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 65-1086326-1717                  |  | Not Applicable  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired |  | <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |                                  |  |   |  |

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CRARY, LAWRENCE E III**  
**555 COLORADO AVE.**  
**STUART FL 34994**

|  |             |
|--|-------------|
| 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 reinstalling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

| 9. MANAGING MEMBERS / MANAGERS |                          |                                 | 10. ADDITIONS / CHANGES |  |   |
|--------------------------------|--------------------------|---------------------------------|-------------------------|--|---|
| TITLE                          | MGR                      | <input type="checkbox"/> Delete | TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                           | STODDARD, WILLIAM J      |                                 | NAME                    |  |   |
| STREET ADDRESS                 | 713 S.E. MACARTHUR BLVD. |                                 | STREET ADDRESS          |  |   |
| CITY-ST-ZIP                    | STUART FL 34996          |                                 | CITY-ST-ZIP             |  |   |
| TITLE                          |                          | <input type="checkbox"/> Delete | TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                           |                          |                                 | NAME                    |  |   |
| STREET ADDRESS                 |                          |                                 | STREET ADDRESS          |  |   |
| CITY-ST-ZIP                    |                          |                                 | CITY-ST-ZIP             |  |   |
| TITLE                          |                          | <input type="checkbox"/> Delete | TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                           |                          |                                 | NAME                    |  |   |
| STREET ADDRESS                 |                          |                                 | STREET ADDRESS          |  |   |
| CITY-ST-ZIP                    |                          |                                 | CITY-ST-ZIP             |  |   |
| TITLE                          |                          | <input type="checkbox"/> Delete | TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                           |                          |                                 | NAME                    |  |   |
| STREET ADDRESS                 |                          |                                 | STREET ADDRESS          |  |   |
| CITY-ST-ZIP                    |                          |                                 | CITY-ST-ZIP             |  |   |
| TITLE                          |                          | <input type="checkbox"/> Delete | TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                           |                          |                                 | NAME                    |  |   |
| STREET ADDRESS                 |                          |                                 | STREET ADDRESS          |  |   |
| CITY-ST-ZIP                    |                          |                                 | 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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)