

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90018 025 \*\*\*\*50.00

**DOCUMENT # L01000002477**

1. Entity Name  
**FIFTH FAIRWAY ADULT CARE LLC**

Principal Place of Business 1020 CLAUDIA STREET NEW SMYRNA BEACH FL 32168	Mailing Address 1020 CLAUDIA STREET NEW SMYRNA BEACH FL 32168
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13713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3703867		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>HALL, MARK R</b> 124 FAULKNER STREET NEW SMYRNA BEACH FL 32168				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 re-instating) 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CALLISON, JUDITH A 1020 CLAUDIA STREET NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Judith A Callison Date: 1-15-02 (386) 426-0451

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

CR2E083 (9/01)