

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90320 010 \*\*\*\*50.00

0046312

**DOCUMENT # L01000002477**

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



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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3703867**      Applied For  
 Not Applicable

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

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

**HALL, MARK R**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>CALLISON, JUDITH A</b>
STREET ADDRESS	<b>1020 CLAUDIA STREET</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS / CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Judith A Callison*      1-7-03 (386) 426 0451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E063 (10/02)