LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 MAY 15 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002622

1. Entity Name
CHP LA MIRADA, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
110 Bry Lynn Drive
Suite, Apt. #, etc.
City & State
West Melbourne, Fl 32904
Zip 32904 Country USA

3. Mailing Address
110 Bry Lynn Drive
Suite, Apt. #, etc.
City & State
West Melbourne, FL 32904
Zip 32904 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
Applied For
[X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Renee Fowler
Street Address (P.O. Box Number is Not Acceptable)
110 Bry Lynn Drive
City West Melbourne FL Zip Code 32904

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1st

100005537851--6
-05/15/02--01042--017
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Capitol Development Group, LLC 1261 Glenwood Avenue Atlanta, Georgia 30316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. Breck Kean Managing Member 1261 Glenwood Avenue Atlanta, Georgia 30316
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CR2E093B (12/01)

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: Renee Fowler Authorized Representative 5/15/02 321-223-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Telephone Number