2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/24/2003-90020-006 $50.00-$50.00

03 OCT -1 PM 2:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # L01000002622

1. Entity Name
CHP LA MIRADA, LLC

Principal Place of Business	Mailing Address
C/O REGENCY DEVELOPMENT ASSOCIATES INC 1103 WEST HIBISCUS BLVD SUITE 408 MELBOURNE FL 32901	C/O REGENCY DEVELOPMENT ASSOCIATES INC 1103 WEST HIBISCUS BLVD SUITE 408 MELBOURNE FL 32901
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3697969 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, RENEE
110 BRY LYNN DRIVE
WEST MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name Renée Fowler-Sambell
Street Address (P.O. Box Number is Not Acceptable) 1103 West Hibiscus Blvd, #408
City Melbourne FL Zip Code 32901

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 [signature] 2/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CAPITOL DEVELOPMENT GROUP, LLC 1261 GLENWOOD AVE ATLANTA GA 30316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	241 Peachtree Street, #300 Atlanta, GA 30303	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KEAN, C B 1261 GLENWOOD AVE ATLANTA GA 30316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	241 Peachtree Street, #300 Atlanta, GA 30303	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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] 2/10/03 404-965-8593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #