

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

01-22-2002 90018 037 \*\*\*\*50.00

**DOCUMENT # L01000004556**

1. Entity Name  
**ENCLAVE NOTTINGHAM, L.L.C.**

Principal Place of Business      Mailing Address  
**C/O MELAND & RUSSIN, P.A.**      **C/O MELAND & RUSSIN, P.A.**  
**2420 1ST UNION FIN CTR. 20 S BISCAYNE BLVD**      **2420 1ST UNION FIN CTR. 20 S BISCAYNE BLVD**  
**MIAMI FL 33131**      **MIAMI FL 33131**

**907864**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**800 NOTTINGHAM CIRCLE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State  
**GREENACRES, FL**

City & State

4. FEI Number  
**65-1112265**

Applied For  
 Not Applicable

Zip  
**33463**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELAND & RUSSIN, P.A.**  
**2420 FIRST UNION FINANCIAL CTR.**  
**200 S. BISCAYNE BLVD.**  
**MIAMI FL 33131**

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 \_\_\_\_\_ 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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** *[Signature]* **SIGNATURE REQUIRED**  
**MELAND, MANAGER 1/15/02 (305) 358-6363**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)