

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009418

1. Entity Name
PATHWAY OF FLORIDA, L.L.C.



FILED
03 APR -9 AM 7:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**85 SOUTH SEAS CT.
MARCO ISLAND, FL 34145**

Mailing Address
**85 SOUTH SEAS CT.
MARCO ISLAND, FL 34145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



49 CHECK HERE IF MAKING CHANGES

4. FEI Number
06-1623217

Applied For
 Not Applicable

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

**CORMIER, STEPHEN JAMES
85 SOUTH SEAS CT.
MARCO ISLAND, FL 34145**

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

Signature, typed or printed name of registered agent and UBR if applicable

(NOTE: Registered Agent signature required when eliminating)

DATE



9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **CORMIER, STEPHEN J**
STREET ADDRESS **85 SOUTH SEAS CT.**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

Change Addition
500015494975
04/09/03--01007--019 **50.00

TITLE **MGR** Delete
NAME **MACLAREN, RONALD W.**
STREET ADDRESS **1 JEFFERSON RD**
CITY-ST-ZIP **LONDONDERRY, NH 03063**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change 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 60B, Florida Statutes.

Ronald W. MacLaren, Manager

SIGNATURE:

Ronald W. MacLaren, Manager

4/3/03

239-389-5380

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

Date

Daytime Phone #

CRZE083 (10/02)