

# 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)