

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90025 045 \*\*\*\*\*50.00

0062257

**DOCUMENT # L01000015402**

1. Entity Name

**CARING WAY PROPERTIES, LLC**



Principal Place of Business

**3005 CARING WAY  
PORT CHARLOTTE FL 33952**

Mailing Address

**3005 CARING WAY  
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1138632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**20035356**



**6. Name and Address of Current Registered Agent**

**CROSLAND, BRIAN W  
3005 CARING WAY  
PORT CHARLOTTE FL 33952**

**7. Name and Address of New Registered Agent**

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 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**

TITLE **MGRM** ☐ Delete  
NAME **LORICCO, CARLO J**  
STREET ADDRESS **3005 CARING WAY**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **MGRM** ☐ Delete  
NAME **CROSLAND, BRIAN W**  
STREET ADDRESS **3005 CARING WAY**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **MGRM** ☐ Delete  
NAME **JOINER, J. SCOTT**  
STREET ADDRESS **3005 CARING WAY**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

**4/24/03**

**BRIAN W. CROSLAND**

CR2E083 (10/02)