

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0000051

DOCUMENT # L01000017881

1. Entity Name

BLR-GRAND RESERVE AT KIRKMAN PARKE, LLC

02 MAR 21 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

390 NORTH ORANGE AVE.  
SUITE 1100  
ORLANDO FL 32801

Mailing Address

390 NORTH ORANGE AVE.  
SUITE 1100  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

7575 Dr. Phillips Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

City & State

City & State

Orlando, FL

Zip

Country

Zip

32819

Country

U.S.A.

4. FEI Number

59-3754619

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVE.  
SUITE 1100  
ORLANDO FL 32801

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

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 Department of State  
Due By May 1, 2002

600005171076--6  
-03/27/02--01016--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager ☐ Change ☒ Addition  
NAME  
C. David Brown, II  
STREET ADDRESS  
390 N. Orange Avenue, Suite 1100  
CITY-ST-ZIP  
Orlando, Florida 32801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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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 REQUIRED David Brown, II, Manager

2/10/02

(407) 839-4283

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

Date

Daytime Phone #

CP2E083 (9/01)