2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # L010000	7881			FILED					
1. Entity Name	ID RESERVE AT KIRKMAN PA					03 APR	i6 AM	8:31		
Principal Place	e of Business	Mailing Address	ig Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
90 NORTH ORA BUITE 1100 DRLANDO FL 32		7575 DR. PHILLIPS BLVD. STE. 305 ORLANDO FL 32819							181 1181 1581	
2 Principal Pl	ace of Business	3. Mailing Address			_					
z. Timopari	RACE OF Educations	390 N. Orano	e Av	<i>i</i> e					HO HIGH 1881	
Suite, Apt. #, etc. Citv & State		Suite, Apt. #, etc. Suite 100 City & State Orlando, FL				CHECK HERE IF MAKING CHANGES				
					4. FEI Numb	4. FEI Number 59-3754619 Applied F				
Zip	Country	Zip 32 801	Zip Country		5. Certificate	e of Status Desired		\$5.00 Add	ditional	
	6. Name and Address of Current F	_ ,			7. Name an	d Address of New I	Registered			
BIC	CORPORATE SERVICES OF CENT	RAI FINRINA		Name						
390 N	NORTH ORANGE AVE. E 1100	HAL FLORIDA		Street Address	s (P.O. Box Numb	er is Not Acceptable	e)			
	ANDO FL 32801			City				■ Zip Cod		
				City		·	F	<u> </u>		
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the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or regis	tered agent, or bo	oth, in the State of Fl	orida, I an	n tarnillar Wiln,	and accept	
the obligation				L. ed office or regis d Agent signature requi		oth, in the State of Fl	orida, I an		and accept	
the obligation	ions of registered agent.	nd title if applicable. (NOT	E: Registered	rd Agent signature requi	red when reinstating)		DATE			
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SIGNATURE: SIGNATURE REQUIRER, DAULD BROWNTE 4/11/03 161-8

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

Date

Date