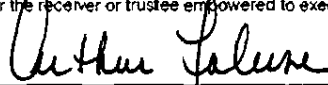


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90999 022 ****50.00

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

DOCUMENT # L01000019674			
1. Entity Name CENTURY VERSAILLES, LLC			
Principal Place of Business 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		Mailing Address 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	
2. Principal Place of Business		3. Mailing Address 3300 UNIVERSITY DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE #001	
City & State		City & State CORAL SPRINGS	
Zip	Country	Zip	Country
33065	USA	33065	USA
4. FEI Number 65-1157102		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIFIORE, CORA 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		FILE NOW!!! FEE IS \$50.00 Make Check payable to Florida Department of State Due By May 1, 2003	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EISNER, NEIL 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FALCONE, ARTHUR 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FALCONE, EDWARD 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FALCONE, ROBERT 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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.			
SIGNATURE: 		4-24-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR2E083 (10/02)