2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020808

1. Entity Name
GENEVA SHERIDAN, LLC

FILED
03 APR 28 AM 8: 30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
414 E. LIBERTY STREET BROOKSVILLE, FL 34601	406 E. LIBERTY STREET BROOKSVILLE, FL 34601

4/28 ☑ CHECK HERE IF MAKING CHANGES MJH

2. Principal Place of Business	3. Mailing Address
	22319 Powell Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: BROOKSVILLE FL.
Zip / Country	Zip: 34602 / Country

4. FEI Number: 75-2973402 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGAN, THOMAS S JR.
20 S. BROAD STREET
THE HOGAN LAW FIRM
BROOKSVILLE, FL 34601

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		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOGAN, THOMAS S 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800017130398 04/28/03--01028--026 **60.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, MINDY 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, MINDY 22319 Powell Rd BROOKSVILLE FL. 34602	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E063 (10/02)

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: Marinda H Watkins 4-19-03 352-799-1723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #