

**2002 UNIFORM BUSINESS REPORT (UBR)**

182

DOCUMENT # L01000021777  
 1. Entity Name  
**BEAR CREEK LESSOR/LLC**

Principal Place of Business Mailing Address  
 CARE FOUNDATION OF AMERICA, INC. CARE FOUNDATION OF AMERICA, INC.  
 2714 ARCHER AVE. 2714 ARCHER AVE.  
 MURFREESBORO TN 37129 MURFREESBORO TN 37129

2. Principal Place of Business 3. Mailing Address  
1511 Avon Street P.O. Box 1398  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Murfreesboro, TN Murfreesboro, TN  
 Zip Country Zip Country  
37129 37133

4. FEI Number 52-2269380 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE FL 32301**

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.  
 SIGNATURE \_\_\_\_\_ (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**

9. MANAGING MEMBERS/MANAGERS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MG-RM</b><br>CARE FOUNDATION OF AMERICA, INC<br>2714 ARCHER AVE<br>MURFREESBORO TN 37129 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <u>1511 Avon Street</u>                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <u>05/12/02--90591--021--\$50.00</u>           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: John B. Morton John B. Morton, President  
Care Foundation of America 4/18/02 615-890-2020

FILED  
 02 NOV - 6 PM 2:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

11/17/02

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CARE FOUNDATION OF AMERICA, INC.

November 4, 2002

Division of Corporations  
Registration Section  
Attn: Gretchen Harvey  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Bear Creek Lessor/LLC  
Document No. L01000021777

Dear Ms. Harvey:

We received a Certificate of Administrative Dissolution of Revocation effective October 4, 2002 on the above-referenced entity for failure to file an Annual Report. On April 25, 2002, we filed Document No. M00000001948, 2002 Uniform Business Report on the above entity along with check number 127 in the amount of \$50.00. We inadvertently used the wrong form. Please accept this as filed and reinstate this LLC.

If you have any questions, you may contact me at 615-890-2020.

Sincerely,



Kathy P. Henderson  
Administrative Assistant

/kth

Enclosures