

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90103 050 \*\*\*\*50.00

**DOCUMENT # L01000021778**



1. Entity Name

**CYPRESS COVE LESSOR/LLC**

Principal Place of Business

**700 S.E. 8TH AVE.  
CRYSTAL RIVER FL 34429**

Mailing Address

**1511 AVON  
MURFREESBORO TN 37129**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1398**

Suite, Apt. #, etc.

City & State

City & State

**Murfreesboro, TN**

Zip

Country

Zip

Country

**37133-1398**

4. FEI Number **62-1832454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**44002389**



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. 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

TITLE **MGRM** ☒ Delete  
NAME **SWEENEY, PRESTON**  
STREET ADDRESS **745 S CHURCH STREET STE 301**  
CITY-ST-ZIP **MURFREESBORO TN 37130**

TITLE **MGR** ☒ Delete  
NAME **BELL, JAMES E**  
STREET ADDRESS **700 SE 8TH AVE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **State Member MGRM** ☐ Change ☒ Addition  
NAME **Care Foundation of America, Inc.**  
STREET ADDRESS **1511 Avon**  
CITY-ST-ZIP **Murfreesboro TN 37129**

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

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**REQUIRED**

**B. Norton President**

**4/3/03**

**615-890-9100**

Date

Daytime Phone #

CR2E083 (10/02)