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2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P.O. BOX 771547

DOCUMENT # L01000022471

Principal Place of Business

327 COURTLEA OAKS BLVD.

BRADFORD PROPERTIES OF CENTRAL FLORIDA, LLC

FILED Jul 30, 2002 8:00 am Secretary of State 07-30-2002 90426 011 ****50.00

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Country	34777	Sountry DRAIGE	- 5. Certif	icate of Status Desired		\$5.00 Ad	
6. Name and Address of Current Registered Agent			7. Name	and Address of New			
S. DILLARD STREET	Name Street Address	Name DRADFORD Street Address (P.O. Box Number is Not Acceptable)					
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Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstatin	ng)	DATE	<i>7)</i> 000	
	Make Check P	ayable to Departmen	t of State				
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	6. Name and Address of Curr NA, WILLIAM N P.A. S. DILLARD STREET TER GARDEN FL 34787	#, etc. Suite, Apt. #, etc. City & State Gity & State	#, etc. Suite, Apt. #, etc. te City & State G Country 34777 Country 6. Name and Address of Current Registered Agent Name Name Name Street Address Street Address FIER GARDEN FL 34787 Proposed or printed name of registered agent and title if applicable. (NoTE: Registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent alignature requirements for the purpose of Changing its registered Agent al	#, etc. Suite, Apt. #, etc. City & State Country 347777 Country 6. Name and Address of Current Registered Agent 7. Name Name Name Name Suite, Apt. #, etc. City & State Country Country For PANCE Suite, Apt. #, etc. A. WILLIAM N P.A. Suite, Apt. #, etc. Street Address of Current Registered Agent Ter GARDEN FL 34787 Street Address (P.O. Box N Street Address (P.O. Box N Suite, Apt. #, etc. A. FEIN Name Name Name Street Address (P.O. Box N Street Address (P.O. Box N Suite, Apt. #, etc.	#, etc. Suite, Apt. #, etc. DO NOT WE The Country State Country State Country State Status Desired 6. Name and Address of Current Registered Agent To Name and Address of New Name Country Street Address (P.O. Box Number is Not Acceptable Street Address (P.O. Box Number is Not Acceptable Street Address of P.O. Box Number is Not Acceptable Street Address (P.O. Box Number is Not Acceptable Street Address of P.O. Box Number is Not Acceptable Street Address (P.O. Box Number is Not Acceptable S	#, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS The suite, Apt. #, etc. DO NOT WRITE IN THIS A. FEI Number J. J	#, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE To J985600 N Country Country Signature, typed or printed name & registered agent and title if applicable. When the country of the purpose of changing its registered Agent of State P. O. Bo x 77757 DO NOT WRITE IN THIS SPACE 4. FEI Number 753- J985600 N Real Number 753- J985600 N Stock this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, it is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, it is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, it is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, it is statement for the purpose of changing its registered Agent alignature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State

I nereby certury that the information supplied with this filling 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 trigistee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: