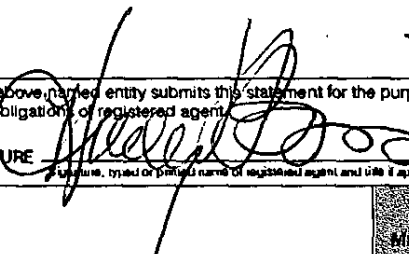
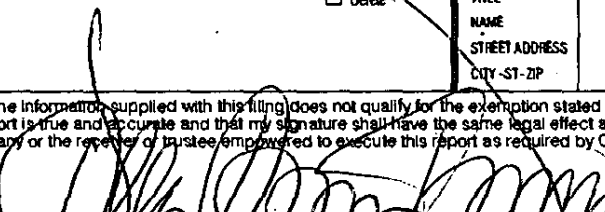


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90574 044 ****50.00

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

DOCUMENT # L02000005737			
1. Entity Name COTTAGES AT BRADFORD, LLC			
Principal Place of Business 631 CHANCEY LANE TALLAHASSEE, FL 32308		Mailing Address 631 CHANCEY LANE TALLAHASSEE, FL 32308	
2. Principal Place of Business 1208 Hays Street Suite, Apt. #, etc.		3. Mailing Address 1208 Hays Street Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32301 Country		City & State Tallahassee, FL Zip 32301 Country	
4. FEI Number 86-1059320		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOTH, HURLEY H JR. 631 CHANCEY LANE TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Hurley H Booth, Jr Street Address (P.O. Box Number is Not Acceptable) 1208 Hays Street City Tallahassee FL Zip Code 32301	
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 obligation of registered agent.			
SIGNATURE 		DATE 4/28/03	
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 BOOTH, HURLEY H JR TRST 631 CHANCEY LANE TALLAHASSEE, FL 32308 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Booth, Hurley H JR TRST 1208 Hays St. Tallahassee, FL 32301 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM BOOTH, HURLEY H JR TRST 631 CHANCEY LANE TALLAHASSEE, FL 32308 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Booth, Hurley H JR TRST 1208 Hays Street Tallahassee, FL 32301 ☒ 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	
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 606, Florida Statutes.			
SIGNATURE: 		DATE 4/28/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

CR2E063 (10/02)