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	Mailing Address
631 CHANCEY LANE TALLAHASSEE, FL 32308	631 CHANCEY LANE TALLAHASSEE, FL 32308

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1208 Hays Street	1208 Hays Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32301 Country:	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	7. Name and Address of New Registered Agent
BOOTH, HURLEY H JR. 631 CHANCEY LANE TALLAHASSEE, FL 32308	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 obligations of registered agent.

SIGNATURE [signature] 4/28/03
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 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
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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 608, Florida Statutes.

SIGNATURE: [signature] 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)