


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90323 001 \*\*\*\*55.00

<b>DOCUMENT # L02000011620</b>					
<b>1. Entity Name</b> ELYSIUM PROPERTIES, LLC					
<b>Principal Place of Business</b> 5333 N.W. 35TH DRIVE GAINESVILLE FL 32653			<b>Mailing Address</b> 5333 N.W. 35TH DRIVE GAINESVILLE FL 32653		
<b>2. Principal Place of Business</b> 1220 NW 18 Avenue		<b>3. Mailing Address</b> 1220 NW 18th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> GAINESVILLE, FL		<b>City &amp; State</b> GAINESVILLE, FL		<b>4. FEI Number</b>	
<b>Zip</b> 32609		<b>Country</b> U.S.A.		<input checked="" type="checkbox"/> <b>Applied For</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ARNOLD, LAUREL F 5333 N.W. 35TH DRIVE GAINESVILLE FL 32653			<b>7. Name and Address of New Registered Agent</b> Name: LAUREL F. ARNOLD Street Address (P.O. Box Number is Not Acceptable) 1220 NW 18th Avenue City: GAINESVILLE FL Zip Code: 32609		
<b>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.</b> SIGNATURE: <i>Laurel F. Arnold</i> DATE: 5-1-03 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> ARNOLD, LAUREL F 5333 N.W. 35TH DRIVE GAINESVILLE FL 32653	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> ARNOLD, LAUREL F. 1220 NW 18th AVENUE GAINESVILLE FL 32609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> ARNOLD, JOHN P 5333 N.W. 35TH DRIVE GAINESVILLE FL 32653	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> ARNOLD, JOHN P. 1220 NW 18th AVENUE GAINESVILLE, FL 32609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Laurel F. Arnold</i>			<b>DATE:</b> 5-1-03 <b>PHONE:</b> 352-372-8568		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

CR20083 (10/02)