


**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90581 047 \*\*\*\*\*55.00

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

<b>DOCUMENT # L02000034543</b>																																																																																													
1. Entity Name CENTURY LIVE OAK PRESERVE, LLC																																																																																													
Principal Place of Business 3300 UNIVERSITY DRIVE, Ste. 001 CORAL SPRINGS, FL 33065			Mailing Address 3300 UNIVERSITY DRIVE Ste. 001 CORAL SPRINGS, FL 33065																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																											
City & State		City & State																																																																																											
Zip	Country	Zip	Country	4. FEI Number 24-1975143																																																																																									
				Applied For Not Applicable																																																																																									
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Addition of Fee Required																																																																																									
6. Name and Address of Current Registered Agent GERSON, GARY N. 1845 PALM BEACH LAKES BLVD STE. 1200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name: CORA Di Fiore Street Address (P.O. Box Number is Not Acceptable): 3300 University Dr Ste 001 City: Coral Springs FL Zip Code: 33065																																																																																										
8. The above named entity sponsors the 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: <i>Cora Di Fiore</i>			DATE: 4-28-03																																																																																										
<table border="1"> <tr> <th colspan="2">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="2">10. ADDITIONS / CHANGES</th> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td>Member Pres <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>Neil Eisner</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td>3300 University Dr Ste 001</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Coral Springs FL 33065</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Member V. Pres <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td>AVT FALCONE</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>3300 University Dr Ste 001</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS FL 33065</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>						9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME	Member Pres <input checked="" type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS	Neil Eisner	CITY-ST-ZIP		CITY-ST-ZIP	3300 University Dr Ste 001				Coral Springs FL 33065	TITLE	<input type="checkbox"/> Delete	TITLE	Member V. Pres <input checked="" type="checkbox"/> Addition	NAME		NAME	AVT FALCONE	STREET ADDRESS		STREET ADDRESS	3300 University Dr Ste 001	CITY-ST-ZIP		CITY-ST-ZIP	CORAL SPRINGS FL 33065	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: <i>Neil Eisner</i>			DATE: 4-28-03																																																																																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OFFICER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>																																																																																													

55051803

CHECK HERE IF MAKING CHANGES

CR2003 (10/02)