FILED
Jun 02, 2003 8:00 am
Secretary of State
05-02-2003 90581 046 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034563

44002989

1. Entity Name
CENTURY LAGUNA LAKES, LLC

Principal Place of Business	Mailing Address
3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	3300 UNIVERSITY DRIVE 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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 34-1975160 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GERSON, GARY N
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: Cora DiFiore
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 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: Cora DiFiore — DATE: 4-28-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete	TITLE: MEMBER NAME: Neil Eisner STREET ADDRESS: 3300 University Dr. Ste 001 CITY-ST-ZIP: Coral Springs FL 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MEMBER NAME: Art Falcone STREET ADDRESS: 3300 University Dr Ste 001 CITY-ST-ZIP: Coral Springs FL 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Neil Eisner — 4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #