LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 24, 2003 8:00 am Secretary of State

DOCUMENT # L02000034614 1. Entity Name County I and a County I a					02-24-2003 90047 040 ****50.00			
Southlar	nd Suites of Longwood LI	vc .						
4.3					-	•••		
	DO NOT WRITE	IN THIS S	PAC	E				
Principal Place of Business 3. Mailing Address				. P				
342 South Wayman Drive .300 N. Ronald			Reaga	an Blvd.]			
Suite, Apt. #; etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number Applied For			
Longwood, Florida		Longwood, Florida			36-4516484		Not Applicable	
Zîp 32750	Country USA	Zip 32750	Country USA		5. Certificate of Status Desired		\$5.00 Additional Fee Required	
F ~ E ~		a transmission of the same	-	Name	7." Name and Address of Current	Registere	d Agent	
ir.	DO NOT W	DITE *	u"	Norman L.				
DO NOT WRITE			Street Addres		(P.O. Box Number is Not Acceptable) nald Reagan Blvd., Suite 311			
	IN THIS SP	ACE		300 N. ROI	aru keagan Bivo., Su	rce 311		
				City				
	A Company of the Comp			Longwood		FL		
 The above the obligation. 	e named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Flo	rida. I am f	amiliar with, and accept	
	1/1	,						
SIGNATURE	Schadure, typed or pringer harm of registrated agency	nd title é anninable				-17-0	23	
			FEE IS	\$50.00	· · · · · · · · · · · · · · · · · · ·	DATE		
		Make Check Payab			nt of State			
				MAY 1	•			
9.	MANAGING MEMBEI	RS/MANAGERS		n, :	1.50 15			
TITLE NAME	MGRM Norman L. Huey 300 N. Ronald Reagan Blvd., Suite 311						(20)	
STREET ADDRESS				NAME STREET ADDRESS				
CITY-SI-ZIP	Longwood, Florida 3275	50		ST-ZDP			(C)	
TITLE			TITLE				CR2E083B (12/02	
NAME Street Adoress			NAME				8	
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NAME			TITLE		IN THIS S	PAC	E	
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C11A-21-51b			CITY-	ST-ZIP				
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name Street adoress			NAME					
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STREET AOORESS City-St-Zip				TADORESS	9	`-		
	Prify that the information appoint with the	nin filing door ==+ = : FI *	СПУ-8		1 3 3 8 8 1			
indicated of limited liab	ertify that the information supplied with to on this report is true and accurate and the fillity company or the receiver or trustee of	is itally does not qualify for let my signature shall have the empowered to execute this re	me exem ne same eport as i	iption stated in Sect legal effect as if ma required by Chapte	tion 119.07(3)(i), Florida Statutes. I f ide under oath; that I am a managir r 608. Florida Statutes	urther certi ig member	fy that the information or manager of the	