

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000008038

Entity Name: 4-2003, LLC

FILED
Nov 09, 2005
Secretary of State

Current Principal Place of Business:

1800 SW COLLEGE ROAD
OCALA, FL 34474

New Principal Place of Business:

2025 SW COLLEGE ROAD
OCALA, FL 34474

Current Mailing Address:

1800 SW COLLEGE ROAD
OCALA, FL 34474

New Mailing Address:

2025 SW COLLEGE ROAD
OCALA, FL 34474

FEI Number: 13-4240540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ORNSTEIN, MARK L
2 SOUTH ORANGE AVENUE, 5TH FLOOR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MARK ORNSTEIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JENKINS, DONALD R
Address: 439 SOUTH BLVD. OF PRESIDENTS
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JENKINS, DONALD R
Address: 2025 SW COLLEGE ROAD
City-St-Zip: OCALA, FL 34474

Title: MGR () Change (X) Addition
Name: POOL, CORY B
Address: 2025 SW COLLEGE ROAD
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DONALD JENKINS

MGR

11/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date