

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000922

1. Entity Name
GREEN OAK TERRACE OF FT. MYERS L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

| | |
|---|--|
| Principal Place of Business 4951 TAMiami TRAIL NORTH, SUITE 3 NAPLES FL 34103 | Mailing Address 4951 TAMiami TRAIL NORTH, SUITE 3 NAPLES FL 34103-3067 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

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|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 59-3412430 | Applied For Not Applicable |
| Zip | Country | Zip | Country |

| | |
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| 6. Name and Address of Current Registered Agent DABROWSKI, HELENA A 4951 TAMiami TRAIL NORTH SUITE 3 NAPLES FL 34103 | 7. Name and Address of New Registered Agent Name DAVID C. BOURGEOU Street Address (P.O. Box Number is Not Acceptable) 2375 TAMiami TRAIL NO, SUITE 308 City NAPLES FL Zip Code 34103 |
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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.

SIGNATURE: *[Signature]* DATE: 6/22/2000

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 Department of State

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DABROWSKI, HELENA A 4951 TAMiami TRAIL NORTH, SUITE 3 NAPLES FL 34103 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800003315678 <input type="checkbox"/> Change <input type="checkbox"/> Addition 800003315678 <input type="checkbox"/> Change <input type="checkbox"/> Addition -07/07/00--01003--004 *****50.00 *****50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MICHNA, ANDREA 555 SKOKIE BLVD. SUITE 350 NORTHBROOK IL 60062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER: ANDREA MICHNA 6/26/00 847-281-3

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

CR12E 083 (9/99)