2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# L98000002993

Entity Name: THE ARBORS DEVELOPMENT GROUP, L.L.C.

Current Principal Place of Business:

502 CEDAR STREET
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2572
ORMOND BEACH, FL 32175

New Mailing Address:

FEI Number: 59-3545442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAYER, DENNIS K ESQ.
306 SOUTH OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: PIATT, DOUG
Address: 502 CEDAR STREET
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM ( ) Delete
Name: GREEN, JOHN
Address: 3142 POINT WHITE DRIVE., N.E.
City-St-Zip: BAINBRIDGE ISLAND, WA 78110

Title: MEM ( ) Delete
Name: SCHOURUD, WILLIAM
Address: 6581 TRACYTON BLVD NW
City-St-Zip: BREMERTON, WA 98311

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: SCHOURUP, WILLIAM
Address: 6581 TRACYTON BLVD NW
City-St-Zip: BREMERTON, WA 98311

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: DOUGLAS PIATT MGRM 04/29/2002

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