APPROVED AND

4/24/00

954-523-4008

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001196						FILEU			
1. Entity Name SOUTHERN CENTERS AT MCNAB, L.C.						00 APR 27 AM 8: 54			
		* -*				SECRETARY C	F STATE		
Principal Place of Business Mailing Address						TALLAHASSEE, FLORIDA			
3701 GALT OCEAN DRIVE 3701 GALT OCEAN DRIVE									
FORT LAUDEI	RDALE FL 33308	FORT LAUDERDALE FL 3	3308-7611			. 1981(8)) BIR 181(8 (8))) 98))) 98)		DIO (DIND ONI IBBI	ı
2. Principal Place of Business 3. Mailing Address 1500 CORDOVA ROAD 1500 CORDO				DAD			54 (((. 65 (3) 66 (4) ((. 64 (4))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt. #, etc. 310		Suite, Apt. #, etc.	Suite, Apt. #, etc. 310			DO NOT WRITE	IN THIS SPACE		
City & State FT LAUD, FL		City & State				Jumber 090179	<u> </u>	Applied For	
Zip33316 Country		7:-	Zip 33316 Country USA				\$5.00	Not Applicab Additional	e
	6. Name and Address of Current I	33310	U	SA 		ficate of Status Desired e and Address of New Reg	Fee Requ		_
	6. Name and Address of Current	negistered Agent		Name	7. Halli	and Address of New Hey	Jistered Ageni		
KELLA, RANDALL				Street Ad	reet Address (P.O. Box Number is Not Acceptable)				
3701 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308				#310					
· · · · · · · · · · · · · · · · · · ·				City FORT LAUD			FL Zip G	ode 3316	
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or re	egistered agent.	or both, in the State of Flori		3310	
SIGNATURE		1110					DATE		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	d Agent signature	required when reinstat	ng) .	OAIE		=
		FILE No.		FEE IS \$5 o Departm					
9.	MANAGING MEMBE	DC/MEMBERS	10.	<u> </u>		ADDITIONS/C	HANGES		_
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NAME STREET ADDRESS	KELLA, RANDALL 3701 GALT OCEAN DRIVE		NAM STRE	E Et address	1500 COE	RDOVA ROAD, #31	0		E CR2E083 (9/99
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STREET ACORESE				ET ADDRESS					
11 I becoby	partify that the information available with	this filing does not qualify to	r the ever	motion etate	d in Section 119	07(3Vi) Florida Statutes 1 f	irther certify that th	e information	\dashv
11. I hereby	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or truster	Mat my signature shall have	r the exer	e legal effect	as if made unde	r oath: that I am a managir	urther certify that thig member or mana	e Information iger of the	-

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER