

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90135 004 ****55.00

DOCUMENT # L99000002249

1. Entity Name

SHADER ROAD, L.L.C.



Principal Place of Business

**2301 SILVER STAR ROAD
ORLANDO FL 32804**

Mailing Address

**2301 SILVER STAR ROAD
ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3573355**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, BRUCE E
2301 SILVER STAR ROAD
ORLANDO FL 32804**

Name
DEAN MEAD SERVICES, LLC
Street Address (P.O. Box Number is Not Acceptable)
800 N. MAGNOLIA AVE.

SUITE 1500

City
ORLANDO

FL

Zip Code
32803

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. I am familiar with, and accept the obligations of registered agent. **DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., as Sole Member**

SIGNATURE By: Albert D. Capouano **Albert D. Capouano, Vice Pres** 4/17/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCY DRIVE ASSOCIATES, LLC 2301 SILVER STAR ROAD ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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. **407 295 2530**

SIGNATURE: By: Bruce E. Williams **Bruce E. Williams, MGRM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

411467

Date Daytime Phone #

CR2E083 (10/02)